



Unit 1 B, Mugiemoss Road, Aberdeen AB21 9US  
 Tel: 01224 662884 - Fax: 01224 663018  
 Email: sales@grampian-blinds.co.uk

Customer's Name Capeland  
 Address 1 Cattofield sq  
 Post Code AB25

Tel. home 300  
 Tel. work  
 mobile 07860894501  
 email

DATE MEASURED/ORDERED  
21 JUNE 19  
 Measured By:  
Stuart

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	<input checked="" type="checkbox"/> 1-3
WOODEN	

**SPECIAL INSTRUCTIONS** 14851

4:15-5

284

(STM) color tbc bed  
FIT

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YEEL P	
OTHER	

Fitted By DATE DAY AM PM

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	face
------	-------	-------	-------------	------------------	-------------	-----------	----------	-----------	--------------	------

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price (b)
Lrm.	1759	1307	VIS	Tuscany white (b) sen silver/chrome ends	R	2240	284
							(a) 232
bed-	1162	1155	VIS	<del>slat</del> Tuscany white (doing later)	R	2240	182

FIT FRONT RECESS

SAFETY DEVICES SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. IF YOU REFUSE TO ALLOW A SAFETY DEVICE TO BE FITTED, THEN THE GOODS WILL NOT BE INSTALLED, AND UNDER THESE CIRCUMSTANCES YOU WILL STILL BE LIABLE TO PAY THE FULL PRICE UNDER YOUR CONTRACT. YOU ARE STILL BOUND TO ACCEPT DELIVERY OF THE GOODS AND TO PAY FOR BOTH THE FITTING AND INSTALLATION EVEN ALTHOUGH INSTALLATION HAS NOT BEEN CARRIED OUT.

I have ordered the above goods and agree to pay the amount shown in full at the time of fitting. If payment is not made in full at that time Grampian Blinds has the right to remove the goods until full settlement is made. Title of the goods does not pass to the customer until payment has been made in full. Declaring that there shall be no liability for normal damage occasioned by such removal.

TOTAL PRICE £ 284  
 DEPOSIT £ 60  
 BALANCE £ 224

PRICE ACCEPTANCE Customer's Signature  
X D. Capland

CASH  CHEQUE  CARD

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

