



VUWINDOWTREATMENTS
301a Enterprise St
Ocoee
Florida
34761

Phone: 407-295-5200 Orlando 321-622-8909 Melbourne

Email: Tracy@vuwindowtreatments.com

Website: www.VUWindowTreatments.com

Order Confirmation	
Invoice No.	401814
Account Number	CAIN1001
Date	

Invoice To	Mrs. Angela Cain 4190 Stoney Point Rd Melbourne 9 32940
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Deliver To	Mrs. Angela Cain 4190 Stoney Point Rd Melbourne 9 32940
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Location	Product	Description	Qty	Total
Master w1	Verticals	Room: Master w1, Width: 105 inch, Extras: Clear Edge Valance	1	34.65
Master w1	PARTS	Room: Master w1, Part: (P) Clip (Hold Down Clr)	1	1.00
Master w2	Verticals	Room: Master w2, Width: 111 inch, Extras: Clear Edge Valance	1	36.63
Labor	Comments	Room: Labor, Product: Labor / Trip Fee	1	85.00
bed 1	Verticals	Room: bed 1, Width: 121 inch, Extras: Clear Edge Valance	1	39.93
bed 2	Verticals	Room: bed 2, Width: 92 inch, Extras: Clear Edge Valance	1	30.36
liv	Verticals	Room: liv, Width: 174 inch, Extras: Clear Edge Valance	1	57.42

Customer Message

***This is a custom order in which the order should be paid in full to begin production. A deposit is required. The final payment will be due at installation. If the installation is not completed due to a service or missing product, you may pay 40% of the balance, and the final 10% on completion.
***Customer to remove old window treatments or other obstacles prior to installation. Any previous arrangements must be noted on this order. All free hanging verticals do not close tight. A view into the room is possible on an angle. 2" Horizontal blinds do not close tight. Light gapping will occur. This is the nature of the blind. ***No specific time of day can be promised for delivery. It is the policy of VU Window Treatments to deliver all items as quickly as possible. Unfortunately we are dependent upon our suppliers to help us meet anticipated delivery dates. Our promise of delivery is based upon deliveries to us, therefore subject to revision due to the above factors. THIS IS A CUSTOM ORDER AND IS NOT SUBJECT TO CANCELLATION. Changes must be made within 3 days of deposit.

Subtotal:	\$ 284.99
Sales Tax :	\$ 19.96
Total:	\$ 304.95
Deposit:	\$ 200.00
Balance:	\$ 104.95

Payment by Bacs. Bank Name: , Sort Code: , Account Number: . Please provide quote/invoice number on all payments.

Remittance Advice:

Customer: Mrs. Angela Cain

Invoice No: 401814

Invoice Date:

Total Due: \$ 104.95

Paid: 200.00

Please detach and send with payment to:

VUWINDOWTREATMENTS

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