



Tel/Fax: 407-295-5200 Orlando /407-292-7691
Email: 321-622-8909 Melbourne
Website: www.VUWindowTreatments.com

Job Number
VU501986
Account Number
Orlando Health Winnie Palmer Hospital
Order Date
09-16-2024
Sales Person
Ahren
Customer Reference

Invoice To

Mr. Daniel Miranda,
Orlando Health Winnie Palmer Hospital,
83 W Miller Ave,
Orlando, FL, 32806E
4074270714
daniel.miranda@orlandohealth.com

Deliver To

Mr. Daniel Miranda,
Orlando Health Winnie Palmer Hospital,
83 W Miller Ave,
Orlando, FL, 32806E
4074270714
daniel.miranda@orlandohealth.com

#	Location	Product	Description	Qty	Total
1			Draper Inc DRAPER C093.032.16 LEFT HAND DUAL CLUTCHES	20	600.00
2			VU Window Treatments DELIVERY, FOR STOCK	1	

***This is a custom order in which a 50% deposit is required to begin production. The final payment will be due at installation. If the installation is not completed due to a service or missing product, you will be required to pay half of the balance, and the final amount 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 gaping will occur. This is the nature of the blind. Room darkening shades are not blackout shades unless side channels are added. With side channels there is still a possibility of light leakage.

***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.

	\$ 0.00
Subtotal:	\$ 600.00
Sales Tax:	\$ 0.00
Total:	\$ 600.00
Payments:	\$ 0.00
Balance Due:	\$ 600.00
Payment Type:	

Installed by: _____ Date: _____

Customer:	Mr. Daniel Miranda
Job Number:	VU501986
Order Date:	09-16-2024
Total Due:	\$ 600.00
Paid:	\$

Please detach and send with payment to:

VU Window Treatments
301a Enterprise St
Ocoee, Florida, 34761