Baileys Blinds

330873

CUSTOMER ORDER No.

34 HIGH STREET, SPENNYMOOR,
DURHAM DL16 6DB
TEL: 01388 813267 or **0191 258 5956**
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

DATE MEASURED/ORDERED
22/12/16

VAT Reg. No. 607 6561 34

SPECIAL INSTRUCTIONS

PORCELAIN TILES

SPEAK TO CUST ABOUT FACE OR TOP FIX ??

1x PR CHROME END CAPS

Customer's Name MARSHALL

Address 39 WELFARE CRES
NEWBIGGIN NE64 6SA

PHONE No.

home	01670-520181
work	
mobile	
fax	

~~VENETIAN~~	
ROLLERS	X 1
~~VERTICALS~~	
~~PLEATED~~	

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Room	No.	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
BATHROOM	1	560	1080		NORDIC ASC SILVER TOP FIX O/R	R	2300	60.00
					CHROME CHAIN + NO SEW CAPS. (ECLIPSE)			

FITTED & PAID RPM 11.1.17

011502

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.

PLEASE NOTE THAT WHEN SLATS ONLY ARE SUPPLIED TO EXISTING HEADRAIL, THIS IS DONE AT CUSTOMERS OWN RISK. BAILEYS BLINDS CANNOT BE HELD RESPONSIBLE FOR BREAKAGE WHICH MAY HAVE BECOME BRITTLE WITH AGE.

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 Baileys 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	£ 60.00
DEPOSIT	£ 30.00
BALANCE	£ 30.00

PRICE ACCEPTANCE Customer's Signature

AUTH 022169 [signature]

Measured By:
RDF

BBSA BRITISH BLIND & SHUTTER ASSOCIATION

Part of GC Group Ltd *Registered No.: 146007*

Gosforth

Roller Blind Order Form

Fax No._____

Date: 12.1.17

Date Re:_____

Contact name: MARSHALL

Customer Order No: 330873

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No.	Fabric	Colour	W	D	Rec	Con	Fix	Scallop	Pole	Braid

PLEASE SUPPLY 1x PAIR CHROME END CAPS

Special Instructions:-

SALESMAN FORGOT TO PUT ON ORDER FORM

RDF