



# Baileys

34 HIGH STREET,  
SPENNYMOOR,  
DURHAM DL16 6DB

TEL: 01388 813267 or 0191 258 5956

sales@baileys-blinds.co.uk

www.baileys-blinds.co.uk

Customer's Name STUART

Address 3 BRUNSWICK RD

SMIREMOOR

NEWTOP Post Code

Tel. home

Tel. work

mobile 0760442811

email

DATE  
MEASURED/ORDERED

19/3/18

Measured By:

*[Signature]*

333477

**SPECIAL INSTRUCTIONS**

**Client**

NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
P/C	<input checked="" type="checkbox"/>
OTHER	

CURTAINS	
SHUTTERS	
ROMANS	
VENETIAN	
ROLLERS	
VERTICALS	<input checked="" type="checkbox"/> 2
PLEATED	

**Fitted By**

DATE DAY AM PM

alum	white	brown	white plastic	recess size	window not square	wood fix	stone fix	brackets top	brackets face
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>LIN</u>	<u>1157/18</u>	<u>51</u>	<u>5"</u>	<u>ACACIA ICE</u>	<u>A L/S</u>	<u>100</u>	<u>182</u>
<u>PAND</u>	<u>923/18</u>	<u>79 3/4</u>	<u>3 1/2</u>	<u>—————</u>	<u>A L/L</u>	<u>100</u>	<u>211</u>
							<u>393-</u>

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 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 £ 393

DEPOSIT £ 100-

BALANCE £ 293

PRICE ACCEPTANCE Customer's Signature

*[Signature]*

CASH	<input checked="" type="checkbox"/>	CHEQUE	<input type="checkbox"/>	CARD	<input type="checkbox"/>
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**ALL BLINDS TO  
BE PAID FOR  
AT TIME OF  
FITTING**

**BBSA**  
BRITISH BLIND & SHUTTER ASSOCIATION