

# 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 WOODHOUSES

Address 1, BROMPTON PLACE,  
EDUNSTON

Post Code NE11 9SU

Tel. home	<u>0191-4932969</u>
Tel. work	
mobile	
email	

DATE MEASURED/ORDERED
<u>10/1/19</u>

Measured By:
<u>RDF</u>

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>2x exp.</u>
VERTICALS	
VISION	
WOODEN	

### SPECIAL INSTRUCTIONS

NOXT TO DUN COW  
SAMS SIDE

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

Fitted By	DATE	DAY	AM	PM

rail type & colour	white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets top face
alum white brown							

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>BATHROOM</u>	<u>970</u>	<u>1735</u>	<u>50</u>	<u>COOL NO WHITE</u>	<u>TOP FIX R</u>	<u>2340</u>	<u>130.00</u>
<u>BEDROOM</u>	<u>1090</u>	<u>1815</u>	<u>50</u>	<u>COOL NO WHITE</u>	<u>TOP FIX R</u>	<u>2420</u>	<u>142.00</u>
							<u>272.00</u>
							<u>10% DISC - 27.00</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 Scotblinds, 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 £245.00

DEPOSIT £60.00

BALANCE £185.00

PRICE ACCEPTANCE Customer's Signature

AVTM 010065 [Signature]

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



