



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 **HOLLERIN**

Address **26 GREENS PARK**

**WAKEFIELD**

Post Code **WF650GY**

Tel. home	
Tel. work	<b>07766304286</b>
mobile	
email	

DATE MEASURED/ORDERED
<b>18 / 1 / 19</b>

Measured By:
<i>[Signature]</i>

**SPECIAL INSTRUCTIONS**

**BEADING DEPTH  
27mm.**

**336207**

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

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN	<b>3x Perfect fit</b>	
VERTICALS		
VISION		
WOODEN		

Fitted By	DATE	DAY	AM	PM

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Lane L	837	1905	25	1601 (A)	R		222
" M	837	1905	25	1601	R		222
" R	837	1905	25	1601	R		222
							<del>666</del>
<b>ANTHERCITE FRAMES</b> <b>ALL MATCHING</b> <b>TENSIONERS</b> <b>24 &amp; 30mm.</b>							

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	£ <b>599-00</b>
DEPOSIT	£ <b>150-00</b>
BALANCE	£ <b>449-00</b>

**AWM 598449.**

PRICE ACCEPTANCE Customer's Signature

*[Signature]*

CASH	CHEQUE	CARD	<input checked="" type="checkbox"/>
------	--------	------	-------------------------------------

**ALL BLINDS TO  
BE PAID FOR  
AT TIME OF  
FITTING**

