

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 **MERRICK**
Address **4, ROSEWOOD STREET**
DARLINGTON
Post Code **DL15 6DG**

DATE MEASURED/ORDERED
21/02/19

Measured By:
SHAUN HANLEY

338433

SPECIAL INSTRUCTIONS

THUR 7/3/19
RING TO CONF
AM/P.M.

BAILEYS TO
TAKE OLD BLINDS
DOWN.

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Fitted By	DATE	DAY	AM	PM

Tel. home	
Tel. work	
mobile	07702 712 609
email	

rail type & colour alum white brown	white chain	welded in weight	recess size 1/R	window not square	wood fix	stone fix <input checked="" type="checkbox"/>	brackets top face <input checked="" type="checkbox"/>
--	-------------	------------------	---------------------------	-------------------	----------	--	--

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
FIBED	1109	1410	25	1858 (A)	RR	2200	110
LIV ROOM	500	1620	25	 	LL	2500	
BAY	1060	1620	1	 	LL	1	265
	500	1620	1	 	RR		
							£ 375

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	£ 375
543652 c/c DEPOSIT	£ 90
BALANCE	£ 285

PRICE ACCEPTANCE Customer's Signature

Handwritten Signature

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

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



