



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

334101

DATE MEASURED/ORDERED

3 / 9 / 19

Measured By:

RDF

**SPECIAL INSTRUCTIONS**

SIZE ONLY TAKEN  
ARE FOR VERTICAL  
BLINDS,

PLEASE MAKE CUST  
AWARDS OR CHILD  
DEVICES, AND THERE  
IS A DROP DIFFERENCE  
ON VARIOUS WINDOWS  
SO LOUVRES WILL BE  
UNEVEN GAPS AT BOTTOM

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

Customer's Name ALEXANDER  
Address 31 BLACKWELL AVE  
WALKER DENE  
Post Code NE6 4DQ

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

Tel. home	
Tel. work	
mobile	07791 296585
email	

Fitted By	DATE	DAY	AM	PM

lum	white	brown	white chain	welded in weight	recess size	window not square	wood fix	stone fix	brackets top	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LOUNGE RM	830 2415	1760	3 1/2		L/R	2420	
PATIO DOORS	1740	2030	3 1/2		R/R	2030	
BED BAY	900 2415	1500	3 1/2		R/R	2300	
SIDE BED	1785	995	3 1/2		L/R	2000	
REAR BED	1740	1090	3 1/2		R/L	2100	
BATHROOM	1090	990	3 1/2		R/R	2080	
SUN ROOM (1)	1020	985	3 1/2		L/L	1950	
(2)	2425	2045	3 1/2		R/R	2090	

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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

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

CASH	CHEQUE	CARD
------	--------	------

