



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 Royal.
Address 34 BRIGHT ST
SUNDERLAND
Post Code SR6 0JQ

Tel. home
Tel. work
mobile 07907796476.
email

DATE MEASURED/ORDERED
27/11/19
Measured By:
ROX

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>EXIST.</u>
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS
CHILD DEVISUT COLO
LENGTHS FULLY
EXPLAINED

334250

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

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	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
KITCHEN	1755	995	50	ASTRAL	S	2500	165.00
LOUNGE	1165	1500	4	SNOW	S	2200	158.00
BED RM 1	540	1165	4	PLINTH	S	2300	64.00
BED RM 2	510	1165	4	PLINTH	S	64.00	64.00
BED RM 3	510	1165	4	PLINTH	S	64.00	64.00
BED RM 4	530	1165	4	PLINTH	S	64.00	64.00
REAR BAL	1100	1495	4	PLINTH	S	2200	158.00
						TOTAL	737.00
						15% DISC GIVEN TO COMPLETE	111.00

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 £ 626.00
DEPOSIT £ 160.00
BALANCE £ 466.00

PRICE ACCEPTANCE Customer's Signature
Autm 027645 S. Royal
CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



