

BAILEYS BLINDS

Unit 8 Jupiter Court
Orion Business Park
Tyne Tunnel Trading Estate
North Shields
Tyne & Wear
NE29 7SE



Tel: 0191 2585956
Fax: 0191 2595010

ORDER

Order No. 310525

B No. RDX

FILE NAME: Hepple

Date of Order 12-8-14

Cust. Order No.

Source Geo. (IND)

INVOICE ADDRESS

To fit recess at cust request
are garst child doors & expanses
13. WEST VIEW
HOLDEN

DELIVERY ADDRESS (if different from Invoice Address)

SL84DS POST CODE
07761 TEL
486797 FAX

Where did you see our name?

TYPE	QTY	LOCATION	SLAT SIZE	FABRIC / COLOUR	H/R COL	DIMENSIONS WIDTH DROP	I/R or O/R	FIX	CONTROL	BUNCH VLB	TWIST VB	SCALLOP TRIM	PRICE
Roller	1	Lounge Bay 1		GLINTZ (Volv)		700 1750	0	F	L	No SEN		FH 2500	82.00
	1					1150 1750	0	F	R				116.00
	1					700 1750	0	F	R				82.00

NAME: _____

CARD: _____

AUTHORISATION No. DEPOSIT: _____ / BALANCE: _____

ISSUE No. _____

EXPIRY DATE: _____

SOLD BY: RDX INSTALLED BY: 1st call

BEST FITTING DATE: 12/8/14 8:30

FITTED TO CUSTOMER'S SATISFACTION: 154

THIS IS YOUR OFFICIAL ORDER TO BAILEYS BLINDS

In the event of a cancellation, you MUST contact (0191) 2585956 by 4pm the following working day from the date of order and obtain a cancellation number. Cancellations cannot be accepted by either salesmen or shop staff. Urgent orders may be processed immediately on forfeit of your right to cancel by initialling this box

All delivery estimates are made in good faith and do not constitute part of this contract. Baileys cannot accept responsibility for inaccurate sizes, sizes given the wrong way round, or incorrect specifications as supplied by the customer.

The balance due must be paid when the blinds are installed. (Account customers according to our written agreement terms).

BAILEYS BLINDS HOLD TITLE TO ALL GOODS UNTIL PAID FOR IN FULL

I confirm this order and accept Baileys Blinds Ltd Conditions of Sale

Date: 12-8-14

TOTAL EXCL VAT	
VAT @ %	
TOTAL INCL VAT	280.00
DEPOSIT (CSH) CH	00.00
BAL ON FITTING	180.00
BALANCE PAID	DATE
REC BY	CSH CH BC

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ORDER

Order No. 310525

B No. 12

Date of Order 12.8.16

Cust. Order No.

Source

Where did you see our name?

FILE NAME: KAPLAN Hepples

INVOICE ADDRESS

DELIVERY ADDRESS (if different from Invoice Address)
12 PLYMOUTH
1100000
07790
TEL 01677 211111 FAX

POST CODE TEL FAX

TYPE	QTY	LOCATION	SLAT SIZE	FABRIC / COLOUR	H/R COL	DIMENSIONS WIDTH DROP	I/R or O/R	FIX	CONTROL	BUNCH VLB	TWIST VB	SCALLOP TRIM	PRICE
Roller	1	Living Room	25mm	White / Wood		700 1750	0	C	R	No Saw	1500	80.00	
Roller	1	Living Room	25mm	White / Wood		700 1750	0	C	R			116.00	
Roller	1	Living Room	25mm	White / Wood		700 1750	0	C	R			82.00	
SHAPE 2 WITH EXTRA PLYWOOD TO B.L.													

NAME
CARD
AUTHORISATION No. DEPOSIT
ISSUE No.

SOLD BY
BEST FITTING DATE
FITTED TO CUSTOMER'S SATISFACTION
INSTALLED BY
DATE

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TOTAL EXCL VAT

VAT @ %

TOTAL INCL VAT

DEPOSIT

CSH CH BQ

BAL ON FITTING

BALANCE PAID

REC BY:

335.00
100.00
285.00
100.00
135.00

Date

