

# 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

340587

DATE MEASURED/ORDERED  
16/3/20

Measured By:  
SHAUN

**SPECIAL INSTRUCTIONS**

CHASE - GETTING  
OTHER Q'S.  
20". DISC  
  
R' MEASURE  
REQ'D IF  
G/A

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

Customer's Name STEPHENSON  
Address 22 CHRISTCHURCH CLOSE  
DARLINGTON  
Post Code DL1 2YL

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN	X	9

Tel. home	
Tel. work	
mobile	07850 986 933
email	

Fitted By		DATE	DAY	AM	PM

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
GARDEN	800	1470					
ROOM	620	1880		RTN @ R			
LTO	620	1880		RTNS			
R	1550	1470		RTNS			
	1700	1470		RTN L			
	1700	1470					
	1530	1470					
	790	1470					
	1570	1470					
				SHERWOOD			£1816
				DARK WALNUT			
				WITH TAPES			
				OR			
				EXPRESSIONS			£1476
				BEAR BROWN			
				WITH TAPES			

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 Baileys 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

CASH	CHEQUE	CARD
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**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

