



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

DATE MEASURED/ORDERED	2015/20
Measured By:	RDF

341615

SPECIAL INSTRUCTIONS <i>To be surveyed</i>	P/CUST			
	NET			
	PRESS			
	RADIO			
	MAG.			
	VAN			
	RECC.			
	SHOP			
	TV			
	YELL P OTHER			
Fitted By	DATE	DAY	AM	PM

Customer's Name *TOLLESON*
Address *33 CALUM DRIVE*
SOUTH SHIELDS.
Post Code *NE346TZ*

Tel. home	<i>0191-4212405</i>
Tel. work	
mobile	
email	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	<i>X3</i>
VENETIAN	
VERTICALS	
VISION	
WOODEN	

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	brackets face
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<i>LOUNGE</i>	<i>520</i>	<i>1280</i>	<i>63</i>	<i>RAW WHITE SEASTYLE</i>	<i>L</i>	<i>1xR</i>	<i>186.00</i>
<i>2</i>	<i>1720</i>	<i>1280</i>	<i>4</i>	<i>RAW WHITE SEASTYLE</i>	<i>R</i>	<i>1xL/2xR</i>	<i>616.00</i>
<i>3</i>	<i>520</i>	<i>1280</i>	<i>4</i>	<i>RAW WHITE SEASTYLE</i>	<i>L</i>	<i>1xL</i>	<i>186.00</i>
						<i>10xR</i>	<i>988.00</i>
						<i>10% DISC GIVEN</i>	<i>98.00</i>

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 *£ 890.00*

DEPOSIT *£ 445.00*

BALANCE *£ 445.00*

PRICE ACCEPTANCE Customer's Signature

ONE CHECK WITH INV 341616.

[Signature]

CASH	CHEQUE	<input checked="" type="checkbox"/> CARD
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

