



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 SCHOFIELD

Address STONE RIDGE, THE
GREEN, BRAFFERTON
VILLAGE Post Code DL1 3LA

Tel. home	
Tel. work	
mobile	07966 772 042
email	

DATE MEASURED/ORDERED
02/07/20

Measured By:
STAN HANLEY

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

SPECIAL INSTRUCTIONS

EMAIL &

340850

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	motorised	wood fix	stone fix	brackets top	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				SEATTLE			
GARDEN ROOM	3.9	2.08	(8.11)	SHUTTERS			£ 2427
	2.87	2.08	(5.9)	019 STAINING			£ 1775
				WITH TRACKING SYSTEM		TOTAL	£ 4202
				OR			
				WITHOUT TRACKING SYSTEM			£ 3502
				IN SECTIONS			
	1200	2080	x5	ROLLER BLINDS			£ 973
	600	2080	x1	RANGÉ C SHAPE 1			
				SIDE			
	420	1750	x11	TENSIONED PLT BLINDS			£ 1606
				RANGÉ B			
claireschofield151@hotmail.co.uk							

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	
------	--------	------	--

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

