



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

340912

DATE MEASURED/ORDERED
10 / 7 / 20

Measured By:
MICHAEL

SPECIAL INSTRUCTIONS
CURSE

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

Fitted By _____ DATE _____ DAY _____ AM _____ PM

Customer's Name HICKSON
Address 14 BLACKMOOR DRIVE
KILBURN
Post Code DL22 6JN

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	X 8
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Tel. home _____
Tel. work _____
mobile 07970432315
email _____

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	
Bed 1 ROMAN	1175	1057	EX	SURIN CURTONE	R	2100	287	
Bed 1 ROMAN L	1170	1127	EX	u	L	2100	287	
	R 1173	1127	EX	u	R	2100	287	
LOBBY ROMAN	510	1280	EX	ROSABELLA CHARCOAL	L	2100	198	
	1210	1280	EX	u	L	2100	287	
	1210	1280	EX	u	R	2100	287	
	510	1280	EX	u	R	2100	198	
Bed 2 ROMAN	1175	1125	EX	SURIN CURTONE	L	2100	287	
All Bowt Lining. STANDARD. CURTONE CHAIN								2118

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

