



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 **HUGHES**
27 Astley RD

Address **Seaton Delaval**
Post Code **NE250DT**

Tel. home	
Tel. work	
mobile	07710416315
email	

DATE MEASURED/ORDERED

15/7/20

Measured By:

Dave

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	7xessl
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

**CHILD DEVICES +
CORD POSITIONING
ON ALL BUNDS
EXPLAINED.
(LEF REAR DOORS)**

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

Fitted By	DATE	DAY	AM	PM

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

Room	Width	Drop	Slat Size	Colour	No	IR	Control LH or RH	Fitting Height	Price
BATHROOM	820	1775	35	SNOW	1700	IR	S	2600	116.00
REAR BED	1010	1825	40				S	2200	137.00
LY FRONT	1785	1310	40				S	2200	224.00
RM	1030	1310	40				S	2300	137.00
LOUNGE	1785	1315	40				S	2300	224.00
KITCHEN	830	1310	40		1700		S	2600	116.00
REAR DOORS	2000	2310	40				S	328.00	
TOTAL £ 1282.00									
DISC GIVEN COM PESS - 1282.00									

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 **£1000.00**

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

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

CASH	CHEQUE	CARD
------	--------	------

