



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

342031

DATE MEASURED/ORDERED  
23/7/20

Measured By:  
Dave

**SPECIAL INSTRUCTIONS**

GAS + CHILD  
DEVICES EXPLAIN

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

Customer's Name Smith  
Address 14 Cornforth Close  
Ashington  
Post Code NE63 8LE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>2x expression</u>
VERTICALS	
VISION	
WOODEN	

Tel. home	
Tel. work	
mobile	<u>07765136934</u>
email	<u>07907613727</u>

Fitted By		DATE	DAY	AM	PM

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>LOUNGE</u> <u>BA</u> ①	<u>1250</u>	<u>1320</u>	<u>50</u>	<u>CREWS</u> <u>NO LH TOP</u>	<u>S</u>	<u>2300</u>	<u>170.00</u>
②	<u>1720</u>	<u>1320</u>	<u>50</u>	<u>CREWS</u> <u>NO LH TOP</u>	<u>S</u>	<u>2300</u>	<u>224.00</u>
						<u>TOTAL</u>	<u>394.00</u>
						<u>Disc</u>	<u>91.00</u>

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 £360.00

DEPOSIT £180.00

BALANCE £180.00

PRICE ACCEPTANCE Customer's Signature

[Signature]

CASH  CHEQUE  CARD

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



