



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  
**30/7/20**

Measured By:  
**Dave**

342079

Customer's Name **Simpson**  
Address **75 Addison Rd**  
**West Boldon**  
Post Code **NE36 0QZ**

Tel. home  
Tel. work  
mobile **07791084167**  
email

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

**SPECIAL INSTRUCTIONS**

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

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	Fitting Height	Price	
BEAR (1)	1055	1145	63	PURE WHITE SEATTLE	2 FRAME CONTROL	1xL/1xR	338.00	
(2)	1055	1150			TILT MID	1xL/1xR	338.00	
LH FRONT	1065	1150				1xL/1xR	338.00	
RH	1065	1143				1xL/1xR	338.00	
15% DISC								1352.00
TOTAL								1150.00
Lounge (1)	1065	1160	63	PURE WHITE SEATTLE	L HAND NO CONTROL	1xL/1xR	344.00	
(2)	1500	2040			MID	2xL/2xR	836.00	
KITCHEN	1065	1150			NO MID	2xR	344.00	
15% DISC								234.00
TOTAL								1310.00

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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

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

CASH  CHEQUE  CARD

