



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 OLIVER

Address 16. AUDLEY ROAD
GOSFORTH.

Post Code NE31 0X

Tel. home	
Tel. work	
mobile	<u>07947991131</u>
email	

DATE MEASURED/ORDERED

2618 120

Measured By:

DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>3xwoods</u>
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

ALL CAR'S + CHILD DEVICES CAPTAINED

342311

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	
alum	white	brown							top	face

Room	Width	Drop	Slat Size	Colour	No	Tap	Control LH or RH	Fitting Height	Price
<u>BED</u> <u>BAY</u>	<u>① 630</u>	<u>1700</u>	<u>50</u>	<u>HOT CHESTNUT</u>	<u>NO</u>	<u>TAPE</u>	<u>S</u>	<u>2750</u>	<u>104.00</u>
	<u>② 1050</u>	<u>1700</u>	<u>50</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>S</u>	<u>---</u>	<u>175.00</u>
	<u>③ 635</u>	<u>1700</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>S</u>	<u>---</u>	<u>104.00</u>
								<u>TOTAL</u>	<u>383.00</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 £ 383.00

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

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

