



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

346674

DATE MEASURED/ORDERED  
28/10/20

Measured By:  
DAVE

**SPECIAL INSTRUCTIONS**

CAPS + CHILD  
DEVICES EXPANDED

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

Customer's Name **McRAE**  
Address **1 PARKSIDE AVENUE**  
**LONG BENTON**  
Post Code **NE77NP**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<b>EXWOODS</b>
VERTICALS	
VISION	
WOODEN	

Tel. home  
Tel. work  
mobile **07745 092168**  
email

Fitted By DATE DAY AM PM

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	brackets face
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price	
REAR BED	1700	1470	50	White	S	2600	303.00	
Bed RM (1)	680	1455	4	White	S	125.00		
(2)	1880	1455	4	White	S	303.00		
(3)	680	1455	4	White	S	125.00		
RU FRONT BED	1125	1465	4	White	S	202.00		
Lounge (1)	700	1655	4	White	S	125.00		
(2)	1880	1655	4	White	S	303.00		
(3)	700	1655	4	White	S	125.00		
<b>TOTAL</b>							<b>1611.00</b>	
<b>20% DISC GIVEN</b>							<b>323.00</b>	

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 £ **1288.00**

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

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

CASH CHEQUE CARD

