

Baileys

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 **BASSHAM**
Address **SS. BEACONLOUGH RD**
GATESHEAD
Post Code **NE96TB**

Tel. home
Tel. work
mobile **07806 777335**
email

DATE MEASURED/ORDERED
11/11/20

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	9x6x51
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

BAY TO BE FITTED
ALL GAPS + CHILD DEVICES EXPLAINED

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

Fitted By _____ DATE _____ DAY _____ AM _____ PM _____

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
BATHROOM (1)	615	985	50	COOL WHITES	No TABLE	2300	64.00
(2)	615	985					64.00
REAR BED	1785	1015					166.00
RM front BED	2325	1015			PLINTH 2355		229.00
LU	1215	1035					112.00
HALL	420	1350				2550	79.00
Lounge Bay (1)	690	1335			RM 251		100.00
(2)	1700	1335					166.00
(3)	690	1335			RM 251		100.00
TOTAL						1080.00	
20% DISC GIVEN IF ALL ORDERED						-216.00	

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 £ **864.00**
DEPOSIT £ _____
BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

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

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

