



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

SPICERS

Address

17. BARRINGTON PARK
BEOLINGTON

Post Code

NE227BZ

Tel. home	
Tel. work	
mobile	07871328316
email	

DATE MEASURED/ORDERED
02/12/20

Measured By:
DAVIS

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	7x5x5 2x11FT
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRU.

ALL GAPS TO BE
DEVICES & PLANNING

REMOVE + DISP
OLD HEADRAILS

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	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
W.C.	350	1145	50	SNOW	S	2400	64.00
CON ①	1440	1580	50	COOL WHITE	S	2400	187.00
②	1400	1580	50		S		187.00
③	1310	1580	50		S		170.00
④	1310	1580	50		S		170.00
⑤	1400	1580	50		S		187.00
⑥	1440	1580	50		S		187.00
DOOR ①	429	1787	25	0150(A)	L	1670	167.00
②	429	1787	25		R	1670	167.00
						TOTAL	1486.00
EXT BRACK FOR CON BLINDS							
25% DISC GIVEN							386.00

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 £1100.00

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

