

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 LOCAN

Address 1 INGRAM AVENUE
GOSFORTH

Post Code NE32 8R

Tel. home	
Tel. work	
mobile	<u>07525 706967</u>
email	

DATE MEASURED/ORDERED
21 1 21

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<u>X2.</u>
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

CHILDPROOF CAPS EXPLAINER
PLEASE REMOVE + DISCARD EXPLAINER

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

Fitted By	DATE	DAY	AM	PM

rail type & colour alum white brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top face
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>FR</u>				

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>LIVING ROOM</u>	<u>3015</u>	<u>1020</u>	<u>372</u>	<u>MEMPHIS WHITE</u>	<u>R/L</u>	<u>2200</u>	<u>201.00</u>
<u>BEDROOM</u>	<u>1550</u>	<u>1020</u>	<u>372</u>	<u>MEMPHIS WHITE</u>	<u>R/L</u>	<u>2200</u>	<u>129.00</u>
						<u>TOTAL</u>	<u>330.00</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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	CARD	<input type="checkbox"/>
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

BBSA
BRITISH BLIND & SHUTTER ASSOCIATION