

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 **BIKOVA**

Address **1. BLACKDON STREET
QUAYSIDE**

Post Code **NE12 7JW**

Tel. home	
Tel. work	
mobile	07532 028992
email	

DATE MEASURED/ORDERED
29/1/12

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	X6 EXP
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

**4x BLINDS TO FIT
Room SIDE OF
2 SECONDARY
GLASS INS
CHILD PROOF
EXPLAIN**

PI/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	Control LH or RH	Fitting Height	Price
KITCHEN	1000	980	30	SNOW	S	2450	104.00
HALL	1025	990	30	DAVE	S	2450	104.00
STUDY	1010	1265	30	DAVE	S	2450	137.00
LOUNGE	2000	1265	30	DAVE	S	2450	266.00
REAR BED	2015	1270	30	DAVE	S	2450	266.00
FRONT	2000	1265	30	DAVE	S	2450	266.00
TOTAL							143.00
DISC GIVEN IF ALL ORDERED							243.00

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 £ **900.00**

DEPOSIT £ _____

BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH	CHEQUE	CARD
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Registered No.: 02814869

