



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

DATE  
MEASURED/ORDERED  
08/02/21

345059

Measured By:  
SHAUN HANLEY

SPECIAL INSTRUCTIONS

EMAIL Q

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

Customer's Name FIRSTMOOR PRIMARY  
Address INGLEBY MOOR CRESCENT  
DARLINGTON  
Post Code DL1 4RW

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Tel. home	
Tel. work	244001 (LEE CODE)
mobile	
email	

Fitted By		DATE		DAY		AM		PM	
-----------	--	------	--	-----	--	----	--	----	--

alum	white	brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top	face
	✓		✓		1/2			✓	✓	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
NURSERY	1670	1385	5	CARNIVAL	RR	2150	91.00
LEF	1675	1385		LILY	LL		91.00
SIDE	1665	1394			LL		91.00
RIGHT	1665	1374			RR		91.00
				Fix 3 x CHILD SAFETY CLIPS VERT BLINDS			30.00
BOTTOM	1670	1363	5		RR		91.00
73/4B	1665	1393	5		RR		91.00
	1663	1398	5		RR		91.00
76 L	1670	1386	5		RR		91.00
R	1665	1383	5		RR		91.00
							849
							+ VAT

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	CHEQUE	CARD
------	--------	------

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

