

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 **REAH**
Address **41 G. GREAT NORTH ROAD,
BRUNTON PARK,
COSFORD.** Post Code **NE35LX**

Tel. home **0191-2366531**
Tel. work
mobile
email

DATE MEASURED/ORDERED
5/3/21

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

**ALL CARPETS CALLED
DUSTED & CLEANED
REMOVAL + DISPOSAL
HEADROLLS,**

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"/>	<input checked="" type="checkbox"/>				

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
REAR LOBBY ①	590	2140	3 1/2	MINAMI / Ivory	L/R	2800	114.00
②	2730	2140			R/S		299.00
③	545	2140			L/L		114.00
④	1210	2590			R/R		173.00
TOTAL							700.00
DISC GIVEN							100.00

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 £ **600.00**
DEPOSIT £ _____
BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

