

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

347641

DATE MEASURED/ORDERED
7 / 4 / 21
Measured By:
[Signature]

SPECIAL INSTRUCTIONS
20% Discount Given

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

Fitted By: _____ DATE: _____ DAY: _____ AM/PM: _____

Customer's Name MCCABE
Address 5 SPINDLE TREE Gdns
MORPETH
NE6 3 FL Post Code _____

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	✓ 3 lites
VERTICALS	
VISION	
WOODEN	

Tel. home 01941630260
Tel. work _____
mobile _____
email _____

rail type & colour alum white brown	white chain	welded in weight	recess size	motorised	wood fix	stone fix	brackets top face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>RBR</u>	<u>429</u>	<u>1082</u>	<u>25</u>	<u>0150</u>	<u>L</u>		
<u>CR</u>	<u>464</u>	<u>1176</u>	<u>25</u>	<u>0150</u>	<u>L</u>	<u>24</u>	<u>330-</u>
<u>RF</u>	<u>429</u>	<u>1082</u>	<u>25</u>	<u>0150</u>	<u>R</u>		
<u>FBR</u>	<u>430</u>	<u>932</u>	<u>25</u>	<u>0150</u> <u>TO F.I.E.</u>	<u>L</u>		
	<u>489</u>	<u>1025</u>	<u>25</u>	<u>0150</u>	<u>R</u>	<u>24</u>	<u>200-</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 _____

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH CHEQUE CARD

