

# 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

345738

DATE MEASURED/ORDERED  
17 / 05 / 21

Measured By:  
SHAUN HANLEY

**SPECIAL INSTRUCTIONS**  
CHASE  
EST SIZES ONLY

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

Customer's Name ALDWORTH  
Address 18 DALTON CRESCENT  
SHILDON  
Post Code DL4 2LF

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Tel. home	01388 777262
Tel. work	
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	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LIV Room	700	1380		ROMAN BLINDS			
BAY	700	1380		AMAZE SILVER			834
				EDMUND CHARTREUSE ROLLER	(CHECK)		1038
				EXPRESSION VEN		CORDS	424
				ASTRAL OR FLINT		TAPES	509
FIBED	1760	1160		ROMAN			
				AMAZE			341
				EDMUND (CHECK)			426
				ROLLER			
				EXPRESSION VEN		CORD	166
						TAPE	199

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**

