

# 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 CONY

Address 15, THE GABLES

SEDGEFIELD

Post Code TS21 3EU

|           |                      |
|-----------|----------------------|
| Tel. home |                      |
| Tel. work |                      |
| mobile    | <u>07484 330 307</u> |
| email     |                      |

DATE MEASURED/ORDERED

01/07/21

Measured By:

SHAUN HANLEY

**SPECIAL INSTRUCTIONS**

CHASE

345966

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

|           |  |
|-----------|--|
| CURTAINS  |  |
| PLEATED   |  |
| ROLLERS   |  |
| ROMANS    |  |
| SHUTTERS  |  |
| VENETIAN  |  |
| VERTICALS |  |
| VISION    |  |
| WOODEN    |  |

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 |
|                    |             |             |                  | <u>1/R</u>  |           |          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |      |

| Room             | Width       | Drop        | Slat Size   | Colour                          | Control LH or RH | Fitting Height | Price                        |
|------------------|-------------|-------------|-------------|---------------------------------|------------------|----------------|------------------------------|
| <u>FRONT BED</u> | <u>1705</u> | <u>1140</u> | <u>1/RW</u> | <u>MEMPHIS GREY SHADE 1</u>     | <u>R</u>         | <u>2200</u>    | <u>120</u>                   |
| <u>LIV</u>       | <u>1702</u> | <u>1290</u> | <u>50</u>   | <u>SHERWOOD PURE WHITE</u>      |                  | <u>2500</u>    | <u>290</u>                   |
|                  |             |             |             | <u>OR</u>                       |                  |                |                              |
|                  |             |             |             | <u>EXPRESSIONS SNOW (RESIN)</u> |                  |                | <u>220</u>                   |
|                  |             |             |             |                                 |                  |                | <u>INC VAT &amp; FITTING</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

.....

|      |                          |        |                          |      |                          |
|------|--------------------------|--------|--------------------------|------|--------------------------|
| CASH | <input type="checkbox"/> | CHEQUE | <input type="checkbox"/> | CARD | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|------|--------------------------|

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

**BBSA**  
BRITISH BLIND & SHUTTER ASSOCIATION