

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

346036

DATE MEASURED/ORDERED
15/07/21

Measured By:
SHAUN HANLEY

SPECIAL INSTRUCTIONS
CHASE
BRING BLINDS FWD
SO WINDOWS CAN
TILT
CUSTOMER AWARE
WINDOWS WILL NOT
FULLY OPEN
SAFETY DEVICES EXAMINED

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

Fitted By _____ DATE _____ DAY _____ AM _____ PM

Customer's Name YATES
Address 2, HICKSTEAD RISE
NEWTON AYCLIFFE
Post Code DLS 4TP

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	X 8
VISION	
WOODEN	

Tel. home _____
Tel. work _____
mobile 07799 827 900
email _____

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
MASTER BED							
REAR FRONT	1779	1152	3 1/2	PARKER WHITE	RS	2300	134
	1783	1145			RS	"	134
BED 2	1793	1162			RS	"	134
BATH	1169	995			RL	"	93
BED 3	1793	1009			RS	"	129
LIV	1760	1047			RS	"	129
KIT	1778	1014			RS	2400	129
UTILITY	1186	1003			RL	2400	93
							975

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

