



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 HOGAN
Address 20 DORNOCY CRES
GATESHEAD
Post Code NE10 9BA

Tel. home _____
Tel. work _____
mobile 07867 791971
email _____

DATE MEASURED/ORDERED
17/8/12

Measured By:
DAVE

349101

SPECIAL INSTRUCTIONS

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>WOODS X6</u>
VERTICALS	<u>WOODS X6</u>
VISION	
WOODEN	

Fitted By _____ DATE _____ DAY _____ AM _____ PM _____

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>BRN</u> ①	670	1330	50	<u>PURE WHITE</u>	<u>TR</u>	<u>2500</u>	
②	630	1330		<u>TR</u>	<u>S</u>		
③	630	1330		<u>TR</u>	<u>S</u>		
④	630	1330		<u>TR</u>	<u>S</u>		
⑤	670	1330		<u>TR</u>	<u>S</u>		
<u>FRONT BCHA</u>	1540	1145		<u>TR</u>	<u>S</u>		<u>Woods 1893.00</u>
<u>LOUNGE</u> ①	670	1320	89	<u>OFF SUPERWHITE</u>	<u>TR</u>		
②	620	1320		<u>NEW YORK</u>	<u>TR</u>		
③	630	1320		<u>TR</u>	<u>TR</u>		
④	625	1320		<u>TR</u>	<u>TR</u>		
⑤	665	1320		<u>TR</u>	<u>TR</u>		
<u>FRONT BCHA</u>	1540	1140		<u>TR</u>	<u>TR</u>		<u>SHUTTERS 1975.00</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 50% deposit and the remaining balance on the day of fitting. If payment is not made in full at that time Baileys Blinds 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



Registered No.: 02814869