



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 Bruce
Address 66 Gosforth Terrace
PELAN
Post Code NE10 0YL

Tel. home	
Tel. work	
mobile	<u>07500897850</u>
email	

DATE
MEASURED/ORDERED
26/8/21

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<u>X9</u>
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

ALL CHILD DEVICES
fully explained

349173

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

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
Lounge Room	1770	1185	3 1/2	Memphis Ivory	L/S	2200	151.00
→ Perist	2365	1180	—	—	R/S	—	194.00
LAND	1185	1020	—	—	R/R	—	117.00
W-C	595	1010	—	—	R/R	—	84.00
BATH ROOM	1185	1015	—	—	R/S	—	117.00
REAR BED	1775	1030	—	—	L/S	—	145.00
FRONT BED ①	1195	1030	—	—	R/L	—	117.00
②	1200	1030	—	—	R/R	—	117.00
KITCHEN	1765	1020	—	—	R/S	2400	145.00
TOTAL							187.00
20% Disc Given							— 237.00

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 £ 950.00

DEPOSIT £ _____

BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

CASH	CHEQUE	CARD
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**ALL BLINDS TO
BE PAID FOR
AT TIME OF
FITTING**



Registered No.: 02814869