



34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 6DB
TEL: 01388 813267 or 0191 258 5956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

DATE MEASURED/ORDERED
12 / 10 / 21
Measured By:
SHAUN HANLEY

S 349841

SPECIAL INSTRUCTIONS	
* RWR	
P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

Customer's Name ROSS
Address 51, MASON GARDENS
CHILTON
Post Code DL17 0DY

Tel. home	
Tel. work	* 07903 883 355
mobile	07793 087 721
email	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
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/face
								1/R			✓	✓

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LAND	670	1286	50	URBAN	STD	2900	77
FRONT BED	1770	1287	50	RADIANCE WHITE NO TAPES.	STD	2500	177
ENSUITE	655	1283	50		STD	2500	77
B' BED L	1325	1287	50		STD	2500	135
- R	1327	1287	50		STD	"	135
KIT	666	1288	50		STD	"	77
CLOAK	647	956	50		STD	"	62
BI-FOLD DOORS	675	1974	25	INTU VEN WHITE PROFILE A 7326 (B) 8592 (B)			522 £1200

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 £ 1200

DEPOSIT £ 600

BALANCE £ 600

PRICE ACCEPTANCE Customer's Signature

.....

CASH CHEQUE CARD ✓

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



Date: 12-10-21

Retailer: BAILEYS

Address: S' MOOR

Date Required:

Telephone:

Email:

Signature:

Purchase Reference No: 349841 Ross

Special Instructions

Rainbow Blinds & Interiors
 61 Canyon Road
 Excelsior Park
 Wishaw
 ML2 0EG
 T. 01698 351 888
 F. 01698 351 999
 sales@rainbow-blinds.com

Window	BLIND SIZE		WINDOW PROFILE				BEAD DEPTH	SLAT SIZE		BLIND	CONTROLS				ORDER								
	Width (mm)	Drop (mm)	A	B	C	D		11mm: 12mm 13mm: 14mm 15mm: 16mm 17mm: 18mm	16mm (✓)		25mm (✓)	Slat & Colour Reference	White (✓)	Silver (✓)	Brown (✓)	No Rod (✓)	0.3m Rod (✓)	0.6m Rod (✓)	Yes (✓)	No (✓)	Price (£)	Qty	TOTAL COST (£)
1	81-	675	1974	/				/	/	8592 (B)	/			/			/	/					
2	FOLD	728	1973	/				/	/		/			/			/	/					
3	DOOPS	676	1974	/				/	/		/			/			/	/					
4																							
5																							
6																							
7																							
8																							

All blinds supplied by Rainbow Blinds & Interiors are fitted with an approved Child Safety Device

Customer has been advised on (✓):

The Child Safety Regulations EN13200 and the use of child safety devices

Minimum distances applying to operating cords

(WOOD)VENETIAN BLINDS

Order Form

Rainbow Blinds

Rainbow Blinds & Windows
 Co. Company Blvd
 Franklin Park
 Wilmette
 ILL 60091
 Tel: 630 290 0000
 Fax: 630 290 0000
 info@rainbowblinds.com

Order No: 12-10-21
 Dealer: BAILEYS
 Address: 5' MOOR
 City/Region:

Quantity:
 Price:
 Signature:
 Payment Method:
 349841 ROSS

Special Instructions:

ITEMS

Window	Size (W x H)		W	D	R	Rising or Falling	Lift of Cord (mm)	Slat Range and Colour	Operation			Order Qty	TOTAL ORDER QTY
	Span (m)	Depth (m)							SW	SW	SW		
1 LAND	/	/	670	1286	1/R	2900	URBAN	SD	/	/	/	/	/
2 FLAG	/	/	1770	1287	/	2500	RADIANCE	/	/	/	/	/	/
3 ENSUITE	/	/	655	1283	/	/	WHITE	/	/	/	/	/	/
4 B BOD L	/	/	1325	1287	/	/	/	/	/	/	/	/	/
5 " R	/	/	1327	1287	/	/	/	/	/	/	/	/	/
6 KIT	/	/	666	1288	/	/	/	/	/	/	/	/	/
7 CLOAK	/	/	647	956	/	/	/	/	/	/	/	/	/
8													
9													

Customer Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Tel: _____
 Fax: _____
 Email: _____

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