

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 Dodds

Address 26 hoyalake ave
Newcastle

Post Code NE7 7UN

Tel. home	
Tel. work	
mobile	<u>07548036471</u>
email	

DATE MEASURED/ORDERED

13/10/21

Measured By:

CRAIG M

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN	<input checked="" type="checkbox"/>	<u>X1</u>
VERTICALS		
VISION		
WOODEN	<input checked="" type="checkbox"/>	<u>X4 exp</u>

SPECIAL INSTRUCTIONS

Fitted By

DATE

DAY

AM

PM

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

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
								<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price	
Stroom	476	1482	50	urban midnight		2300	85	
"	1482	1482	"	"		"	202	
Stroom	1472	1490	"	"		"	202	
KiE	980	1192	25	7327 (C)		2220	201	
bed	1468	1192	50	urban midnight		2220	153	
								<u>£ 843</u>
<u>NO TAPES</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 £ 674

DEPOSIT £ 674

BALANCE £ 0

Pa 1310

PRICE ACCEPTANCE Customer's Signature

[Signature]

CASH	CHEQUE	CARD
------	--------	------

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

