



Quote

S 351392

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
21/10/21

Measured By:
CRAIG M

SPECIAL INSTRUCTIONS

No ①
1715 mm palmnet
No ③ RH mitre
fit roman
150 mm above
recess
not going fully
Down to sill

- PCUST
- NET
- PRESS
- RADIO
- MAG
- VAN
- RFCC
- SHOP
- TV
- YELL P
- OTHER

Customer's Name Metcalfe
Address 10 browbank
Saxiston Dham
Post Code DN176UP

- CURTAINS
- PIEATED
- ROLLERS
- ROMANS
- SHUTTERS
- VENETIAN
- VERTICALS
- VISION
- WOODEN X2

Tel. home 0191 3710933
Tel. work
mobile
email

Fitted By

DATE DAY AM PM

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size <input checked="" type="checkbox"/>	motorised	wood fix	stone fix	brackets top <input checked="" type="checkbox"/>	face <input checked="" type="checkbox"/>
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price	
S/room	1619	1300	50	Snow		2020	224	
Droom	1250	750		Rosabella Kiwi (D)	LH	2010	188	
Kit	1170	1007	50	Snow		2040	121	
bath	560	972	38	"		"	85	
* no tapes *								£888
								£600

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 £ ~~600~~
DEPOSIT £
BALANCE £

PRICE ACCEPTANCE Customer's Signature

(Signature)

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH CHEQUE CARD

