



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 EMMA WADE
Address 4 abercorn court
Darlington
Post Code DL30GF

Tel. home	
Tel. work	
mobile	<u>07954697710</u>
email	

DATE MEASURED/ORDERED	<u>3/11/21</u>
Measured By:	<u>CRAIG M</u>

S 351340

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

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS	<input checked="" type="checkbox"/>	<u>x4</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
	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
SUN ^{LTR}	2656	1130	89		RS	2060	£247.00
ROOM	1445	2060	"		LL	2060	£220.00
"	2002	1135	"		RS	2060	£181.00
"	856	1096	v		RR	2020	£101.00
				anthracite rails		-10%	
					Band (A)		£600.00
					Price on Band (B)		£749.00
						-10%	£674.00

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 £ 674

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

[Signature]

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

