



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 Todd
Address AS Earis way, coxhoe
Durham
Post Code DH64 3UE

Tel. home	
Tel. work	
mobile	<u>07981180980</u>
email	

DATE MEASURED/ORDERED
27/10/21

Measured By:
Adam

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

SPECIAL INSTRUCTIONS
Kitchen blind to have
a wire 2 cassette

P/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
		<input checked="" type="checkbox"/>											

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Sitting room	605	1785	45	peyton noir (B)	R	2200	181
Kit	1715	990	45	Standes Roller wire	L	2200	139
	1715			cassette black white			73
Sitting	605	1785		peyton noir	R		181
	60A	1785		"	L		181
Kit	1715	990		"	L		139
				Cassette white for the kitchen blind			

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 £ 574

DEPOSIT £ 100

BALANCE £ 474

PD 2710
PRICE ACCEPTANCE Customer's Signature

ALL BLINDS TO
BE PAID FOR
AT TIME OF
FITTING

CASH	CHEQUE	CARD	<input checked="" type="checkbox"/>
------	--------	------	-------------------------------------

