

\*email price\*



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 HMP Holme House

Address Holme House Road  
Stockton

Post Code TS18 2QU

Tel home	
Tel work	<u>01642 744471</u>
mobile	<u>Emily Docherty</u>
email	

DATE MEASURED/ORDERED  
15/12/21

Measured By:  
Scott Johnson

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	<u>4</u>
VISION	
WOODEN	

**SPECIAL INSTRUCTIONS**

prices need to be check as they are took from a previous order.

Confirmation is needed from the client before blind are made.

S 351802

PCUST	
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"/>	<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
<del>id</del> melting Room 1	1600	1450	3 1/2	Guardian White F/fix	RR	2600	99.40
Room 2	1600	1450			Brackets RR		99.40
3	1600	1450			RR		99.40
4	1600	1450			RR		99.40
							£397.60
							+ VAT

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 £

DEPOSIT £ to invoice

BALANCE £

PRICE ACCEPTANCE Customer's Signature

*[Signature]*

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

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



Registered No.: 02814869