# Baileys Blinds

321195 **CUSTOMER ORDER No.**

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: 10/3/15

VAT Reg. No. 607 6561 34

**SPECIAL INSTRUCTIONS**
CUST TO PT BATTON IN SHOWER ROOM PRIOR TO FITTING.

Customer's Name COUGILL

Address 7 · ORCHARD MEADOWS, SANDY BAY CARAVAN PARK.

PHONE No.

| | |
|---|---|
| home | |
| work | |
| mobile | 07503156281 |
| fax | |

| | |
|---|---|
| ~~VENETIAN~~ | |
| ROLLERS | ✓ |
| ~~VERTICALS~~ | |
| ~~PLEATED~~ | |

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

| Room | No. | Width | Drop | Slat Size | Colour | Control LH or RH | Fitting Height | Price |
|---|---|---|---|---|---|---|---|---|
| SHOWER ROOM | 1 | 600 | 1130 | ALPHA | OLIVE 9/R PEW PIN | L | 1930 | 46·00 |
| W.C. | 1 | 620 | 1070 | ~~ALPHA~~ | ~~OLIVE~~ 9/R | R | 1930 | 46·00 |
| | | | | | NO SEW | | | 92·00 |

**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.**

**PLEASE NOTE THAT WHEN SLATS ONLY ARE SUPPLIED TO EXISTING HEADRAIL, THIS IS DONE AT CUSTOMERS OWN RISK. BAILEYS BLINDS CANNOT BE HELD RESPONSIBLE FOR BREAKAGE WHICH MAY HAVE BECOME BRITTLE WITH AGE.**

I have ordered the above goods and agree to pay the amount shown in full at the time 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** £92·00

**DEPOSIT** £30·00 NOTE 010016

**BALANCE** £62·00

**PRICE ACCEPTANCE** Customer's Signature

**Measured By:** RDF

Baileys Blinds

Gosforth

**Roller Blind Order Form**

Fax No. 321195

Date: 16-3-15

Date Re: 19-3-15

Contact name: Cowgill

Customer Order No: 321195

Page ____ of ____

| No. | Fabric | Colour | W | D | Rec | Con | Fix | Scallop | Pole | Braid |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | ACACIA | OLIVE | 603 | 1130 | I | L | F | NO SCALLOP | | |
| 2 | 〃 | 〃 | 623 | 1070 | I | R | F | 〃 | | |
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Special Instructions:-

FIT HEIGHT X 2 = 1930