



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 SHELDON
Address 8 WATSON PARK
SPENNYMOOR
Post Code DL16 6NB

Tel. home	
Tel. work	
mobile	07496 558 913
email	

DATE
MEASURED/ORDERED
07/09/22

Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	X 2 P'FIT
VERTICALS	
VISION	
WOODEN	X 7

SPECIAL INSTRUCTIONS

CHASE

351291

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	face
								1/R			/	/	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
FIBED L	1150	1122	50	SUNWOOD	STD	2500	170
- R	1718	1124		FAUXWOOD	STD	"	182
BIBED L	1145	1124		SERENE WITH	STD	"	170
- R	1146	1128		38mm COTTON	STD	"	170
DIN	1145	1127		HERRINGBONE TAPES	STD	"	170
LIV	1717	1276			STD	2600	229
KIT	1715	979			STD	2600	182
PATIO L	470	1756	25	P'FIT VEN	L		180
- R	470	1756	25	WHITE FRAME	R		180
				TENSIONED			
				22 mm BHTS			
				7326 (B)			1633

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 £

PRICE ACCEPTANCE Customer's Signature

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

(Signature)