



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 **DONEY**  
Address **73, DALESIDE**  
**SACRISTON**  
Post Code **DH7 6DH**

Tel. home	
Tel. work	
mobile	07938 193 034
email	

DATE  
MEASURED/ORDERED  
**15/09/22**

Measured By:  
**SHAUN HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

**SPECIAL INSTRUCTIONS**

**RWD CHASE**  
  
**DADO RAIL TO CUT ON BED L**  
  
1450      456  
5.2      682  
            686 1/2"

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	face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
F <sup>1</sup> BED L	1138	1145	64	SHUTTERS NEW YORK WOOD SUPER WHITE		LR	
- R	1705	1147	64	FULL HEIGHT MIDDLE TILT		LRR	
B BED	1712	1147	64	DEEP PLAIN L60 FRAME 4 SIDES		LLR	£ 1600
				* 3 DOORS TO OPERATE SEPERATED NO BI-FOLD 1 BARS - 1 FRAME			
				550	550		

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 £ 1600  
DEPOSIT £ ~~1600~~

PRICE ACCEPTANCE Customer's Signature

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

*[Handwritten Signature]*