



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 **MITCHELL**
Address **22 GROUSEMOOR DRIVE**
ASHINGTON
Post Code **NE638LU**

Tel. home	
Tel. work	
mobile	07813 010666
email	

DATE MEASURED/ORDERED
29/09/12

Measured By:
DAVE

G 353263

SPECIAL INSTRUCTIONS

CHILD RESISTANT
EXPLAINED

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	X4
VISION	
WOODEN	

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
------	------------	-------	-------	------------	--------	--------	-------	-------------	-----------	----------	-----------	--------------	---------------

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Bay ①	650	1275	3 1/2	PERLENCE WHITES	TOP ROL	2100	103.00
②	1640	1275	+		ROL		174.00
③	650	1275	+		LOR		103.00
RH BER	1150	1135	+		ROL		132.00
							512.00

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.

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 £ 400.00

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

(Signature)

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

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

