



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 **LINSLEY**

Address **CROSS HILL HOUSE**

21, CROSSHILL, STANHOPE

Post Code **DL13 2NF**

Tel. home	01388 526 748
Tel. work	
mobile	
email	

DATE MEASURED/ORDERED
12 / 10 / 22

Measured By:

SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

CHASE - PLEASE
SEND SAMPLE OF
FABRIC
50% DEP
4-5 WKS DEL.

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	brackets face
											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LIN ROOM BAY	2400	1635		SHORT DROP PAIR OF CURTAINS PENCIL PLT PIPER SILVER LINED			480
	2400			SILENT GLISS 1080 CURTAIN TRACK			60
OR	2800	2300		FULL DROP PENCIL PLT PIPER SILVER LINED			580
	2800	TRACK		(TAKE TRACK ROUND FRONT OF BAY)			72
							P. MATCH

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 £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

(Handwritten signature)

CASH	CHEQUE	CARD
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

