Baileys Blinds

320642 **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
7/5/15

VAT Reg. No. 607 6561 34

SPECIAL INSTRUCTIONS

Customer's Name Scott

Address 14. INVERTARY APARTMENT
END CHURCH ROAD, COSGROVE.

PHONE No.	
home	0191-2461122
work	
mobile	
fax	

~~VENETIAN~~		
ROLLERS	x 2	
VERTICALS	x 1	
~~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
DINER	1	1125	1270	3½	CORSICA CREAM 5115 + 9/2	L/S	2090	88.00
R.O.F. FUTURE LH BED	1	1130	1270	GEMINI	5115 + 9/2	R	2090	82.00
R/H "	1	1695	1270	"	5115 + 9/2	R	2090	116.00
					NO SIDE BARS.			
								~~TOTAL~~ ~~285.00~~
					1 x VELT + 1 x ROLLER			204.00

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 £ 204.00

DEPOSIT £ 50.00 CASH

BALANCE £ 154.00

PRICE ACCEPTANCE Customer's Signature L Scott

Measured By:
RDF

BBSA BRITISH BLIND & SHUTTER ASSOCIATION

Gosforth

Baileys Blinds

Roller Blind Order Form

Fax No. _____

Date: 7-5-15

Date Re: 19-5-15

Contact name: SCOTT

Customer Order No: 320642.

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No.	Fabric	Colour	W	D	Rec	Con	Fix	Scallop	Pole	Braid
1	GEMINI	5115 Cream	1698	1270	I	R	T	N	NO SEW	

Special Instructions:- RT HEIGHT = 2090

Gosford

BAILEYS BLINDS Page of

Vertical Blind Order Form Fax No:

Date: 7-5-15 Date req: 19-5-15

Contact Name: SCOTT

Customer Order No: 320642

No	Type	Size	Fabric	Colour	H/R	W	D	Rec	Con	Hit	Bum	No of Vanes
1	LB	3½	CORSICA	CREAM	W	1125	1270	I	L	+	S	

Special Instructions: FT HEIGHT = 2090