



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 Hood
Address 22. Pont View
Ponteland
Post Code NE20 9U2

Tel. home _____
Tel. work _____
mobile 07075 722430
email _____

DATE
MEASURED/ORDERED
31/10/22

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<u>AXFIX</u>
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

SAFEST CHILD
DEVICES EXPANDED
BM TO FIT

POUSET	
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
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>BAM ①</u>	<u>600</u>	<u>1310</u>	<u>50</u>	<u>SERENE TAPS</u>	<u>S</u>	<u>2400</u>	<u>88.00</u>
<u>②</u>	<u>1710</u>	<u>1310</u>	<u>50</u>	<u>---</u>	<u>S</u>	<u>---</u>	<u>224.00</u>
<u>③</u>	<u>600</u>	<u>1310</u>	<u>50</u>	<u>---</u>	<u>S</u>	<u>---</u>	<u>88.00</u>
<u>1/2 LEND</u>	<u>615</u>	<u>1060</u>	<u>50</u>	<u>---</u>	<u>S</u>	<u>---</u>	<u>83.00</u>
<u>TOTAL</u>							<u>483.00</u>

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 _____

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH CHEQUE CARD

