



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 **MORRISON**  
Address **30, GREENHILLS**  
**BYERS GREEN**  
Post Code **DL16 7QJ**

Tel. home	
Tel. work	
mobile	07546 566 452
email	

DATE  
MEASURED/ORDERED  
01 / 11 / 22

Measured By:  
**SHAWN HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

**SPECIAL INSTRUCTIONS**

CUSTOMER RINGING TO  
DO £600 BATH  
TRANSFER  
  
USE SPACER BLOCKS  
TO FIX VISION TO  
FRAME TO BRING  
OFF HANDLES  
40mm

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
								1/R			PVC	/	/

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
BATH	1122	958	1/R	VISION BLIND F/IK RIMINI DOVE WHITE CHROME CASSETTE & B'RAIL & S'WINDER	R	2300	£207
LIV	2278	1436	64	SHUTTER NEW YORK WOOD 500 002 WEVET DEEP PLAIN L60 4 SIDES MID RAIL HIDDEN TILT		LLAR 760	£1045 £1252

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 £ 1252

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

*(Signature)*

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

