



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 **MADDY**
Address **40 ASHLEIGH ROAD**
DENTON BURN
Post Code **NE52AB**

Tel. home
Tel. work
mobile **07976 873555**
email

DATE
MEASURED/ORDERED
6/12/22

Measured By:
DAVE

353558

SPECIAL INSTRUCTIONS

CHILDREN'S TIGERS
EXPLAINED
IF FAUX
SCENE
BAY of 412.00
WINDOWS of 212.00
TOTAL of 624.00

PUST
NET
PRESS
RADIO
MAG
VAN
RECC
SHOP
TV
YELL P
OTHER

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	WOOD & FAUX
VERTICALS	
VISION	
WOODEN	

Fitted By _____ DATE _____ DAY _____ AM _____ PM _____

alun	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	640	1625	50	PURPLE	S	2700	163.00
Bay 2	1640	1625	+	---	S	---	392.00
Bay 3	640	1625	+	---	S	---	63.00
RVA FRONT	1565	1510	---	---	S	---	392.00
TOTAL							1110.00

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 £ _____

DEPOSIT £ _____

BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH CHEQUE CARD

