



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 **WARD-BASCOMBE**

Address **25 BLACKWELL LANE
DARLINGTON**

Post Code **DL3 8BF**

Tel. home	
Tel. work	
mobile	07735 058 331
email	

DATE MEASURED/ORDERED
02/02/23

Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR
CUSTOMER MOVING
CURTAIN BASTION
IN LIV ROOM
tracyll.webb@gmail.com
ENTER PIC SOLD
DOOR

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
3 BED	1070	1450	64	SHUTTER CAMBER DECO FRAME 50mm	M/R	720 LL RR	542
1 BED	1620	1450	64	MIDDLE TILT NEW YORK WOOD 3 SIDES SUPER WHITE	720	LL RR	819
LIV SIDE	1340	670	—	WHITE HINCS SOLID DOOR	ERR	LL RR	341
							£1702
							LESS DISC
							£1500

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	£ 1500
DEPOSIT	£ 750
BALANCE	£ 750

PRICE ACCEPTANCE Customer's Signature

CASH	CHEQUE	CARD
		<input checked="" type="checkbox"/>

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



Shutter Survey Sheet

Number of Shutters: **3** Survey Date: **2/2/23** Customer Name: **WARD-BASCOMBLE** Fitters Required: **(**
 Survey Sheets: **1** Surveyor: **SHAUN H** Order Number: **354502** Estimated Fit Time:

Item Number	1	2	3	4	5
Material:	NEW YORK WOOD				
Colour:	SUPPER WHITE				
Room Name:	B' BED	F' BED	LIV		
Width:	1070	1620	1340		
Drop:	1450	1450	670		
Mounting Type:	FULL HEIGHT				
Panel Quantity:	4	4	4		
Louvre Size:	64	64	SOLID DOOR - OPTION A		
Tilt Rod Type:	MIDDLE	MIDDLE			
Mid Rail:	720	720	CURTAIN		
Louvre Split:					
Panel Configuration:	LLRR	LLRR	LLRR		
Hinge Colour:	WHITE				
Frame Type:	CAMBER DECO	FAANÉ SONN			
No Of Sides:	3	3	3		
Stile Type:	AST	AST	AST		
Build Out:					
Extras:					
Further Instructions					
Further Instructions					

Battens Required **Y/N**

Batten Sizes (W X D)	Length	Quantity

Order Information:
SHUTTER 3 SOLID DOOR
OPTION A (DETAILED INSERT)

Deposit Paid: _____ Balance to Pay: _____

Customers Signature: _____ Date: _____

Surveyor Signature: _____ Date: _____