

andrew.haigh@newcastle.gov.uk

G10 AHEAD  
G353718



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

Address

NEWCASTLE COUNCIL

HAIGH

UNIT 6, WAXCOMBLE ROAD  
WALKER.

Post Code NE63PF

Tel. home	
Tel. work	
mobile	0742 8535709
email	

DATE  
MEASURED/ORDERED

16/2 123

Measured By:

DAVE

SPECIAL INSTRUCTIONS

PLEASE COST + EMAIL  
QUOTE.

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	X2
VERTICALS	
VISION	
WOODEN	

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	Stat Size	Colour	Face	Control LH or RH	Fitting Height	Price
ANDREW HAIGH	1210	1070	25	0204(A)	Face of frame	R.	2200	250.20
MEETING ROOM	2415	1070	25	0204(A)		R		+ VAT
					HOLD DOWNS FOR BOTH			500.4
								300.24

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 £ 300.24

DEPOSIT £

BALANCE £

Commercado

PRICE ACCEPTANCE Customer's Signature

G10 AHEAD

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



Registered No.: 02814869

# VENETIAN BLINDS Order Form



Company / Shop: <b>BAYVIEW / Gosford</b>	Sales Rep: <b>DAVE</b>	Date: <b>27/2/23</b>	Special Instructions:
Customer Name: <b>NEWCASTLE COUNCIL</b>	Order Reference: <b>353718</b>		

Loc-ation	BLIND SIZE & SYSTEM							CONTROLS				OPTIONS				
	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Type / Slat Width	Slat Colour Code			Control Side			Fixing Brackets		Extras	
							RHS (✓)	LHS (✓)	REV (✓)	STD (✓)	TOP (✓)	FACE (✓)				
1	1210	1070		✓	2200	25	0204A	✓							✓	
2	2415	1070		✓	2200	25	<del>0204A</del>	✓							✓	
3																
4																
5																
6																
7																
8																

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESS AND ALL OPTIONS WILL BE DEFAULT.

FITTING NOTES: