



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 Grimley
Address 7. HOLM FARM COTTAGE
SWARLAND
Post Code NE65 9JH

Tel. home
Tel. work
mobile 07504 484657
email

Go Ahead

DATE MEASURED/ORDERED
6/3/23

Measured By:
DAVE

G353789

CURTAINS	
PLEATED	
ROLLERS	<u>X1</u>
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS
orig REF 349395
DATE 6/10/21
CHILD SAFETY CAPS
CONTAINED ON
ABOVE DATE
BOTTOM BAR EXCHANGE
ON PHONE 6/3/23

PICT	
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
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>KITCHEN</u>	<u>2160</u>	<u>1055</u>	<u>POLARIS GREY</u>	<u>SILVER SENSES NO SEW BAR CUSTOM ENO CAPS + CURTAIN</u>	<u>R</u>	<u>2100</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.

pd 06/03/23
Visa

TOTAL PRICE £180.00
DEPOSIT £90.00
BALANCE £90.00

PRICE ACCEPTANCE Customer's Signature

Rainbow Go Ahead

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



PAID IN FULL

Registered No.: 02814869

ROLLER BLINDS Order Form

Company/Shop: **BIMLES Gosford** Sales Rep: **DAVE** Date: **6/3/23**
 Customer Name: **GIMLES** Order Reference: **353789**

Special Instructions:

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/Benthin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps	
									RHS (✓)	LHS (✓)							
1	2160	1055	✓		2100	40	POLARIS	GILES	✓		N/A	CHROME		1	SILVER	CHROME	
2																	
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: