



34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 6DB

TEL: 01388 813267 or 0191 258 5958

sales@baileys-blinds.co.uk

www.baileys-blinds.co.uk

Customer's Name

Address **BISHOP**
21 CRESSWELL DRIVE

RED HOUSE FARM

Post Code **NE3 2SY**

tel home **0191-2842869**

tel work

mobile **07432384319**

email

DATE

MEASURE/ORDERED

28/4/23

Measured By:

DAVE

G354001

SPECIAL INSTRUCTIONS

**CHILD PROOF
EXPLANET**

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

CURTAINS	
PLEATED	
ROLLERS	X1
ROMANS	
SHUTTERS	
VENETIAN	
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
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Room	Width	Drop	Slat Size	Colour	Price fix to	Control LH or RH	Fitting Height	Price
LAND	1170	1195	MARQUEE	SCARLETT	PRICE FIX TO ROUST 1/2 R	R	2200	160.00
							Disc given	16.00

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	£144.00
DEPOSIT	£ 72.00
BALANCE	£ 72.00

**pd 28/04/23
v15c1**

PRICE ACCEPTANCE Customer's Signature
Autu 028511

CASH	CHEQUE	CARD	<input checked="" type="checkbox"/>
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**ALL BLINDS TO
BE PAID FOR
AT TIME OF
FITTING**



Registration No: REG14809



ROLLER BLINDS

Order Form

Company / Shop: **Rollerblinds / Crest Point**

Sales Rep: **DANE**

Customer Name: **BISHOP**

Date: **28/4/23**

Order Reference: **354001**

Special Instructions

	BLIND SIZE & SYSTEM						CONTROLS		OPTIONS						
	Location	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/ Barchin	Operation RHS (✓) LHS (✓)		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps
1		1170	1195	✓		2200	32		✓	N/A	WHITE		1	N/C SON	NONE
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: