



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 **BIO MEDICINE WESTWAY**  
Address **TIMES SQUARE**  
**SCOTSWOOD ROAD**  
Post Code **NE14EP**

Tel. home  
Tel. work  
mobile **07856 932312**  
email

K.HENDERSON@LIFE.ORG.UK

G353994

DATE MEASURED/ORDERED

**27/4/23**

Measured By:

**DAVE**

**SPECIAL INSTRUCTIONS**

**PAUL HARKNESS**

**Control Room Number**  
**0191-2438260**  
**PLEASE**  
**COST +**  
**EMAIL**

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

CURTAINS	
PLEATED	<b>XI</b>
ROLLERS	
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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<b>NAT OFFICE</b>	<b>780</b>	<b>1615</b>		<b>LUNA CHARCOAL</b>	<b>L</b>	<b>2600</b>	<b>129.00</b>
				<b>TOP FIX TO WINDOW</b>			
						<b>+VAT</b>	<b>25.80</b>
						<b>TOTAL</b>	<b>154.80</b>

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 30% 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 consequent on such removal.

TOTAL PRICE £ **154.80**  
DEPOSIT £  
BALANCE £

**Commercial** PO:4200897656  
PRICE ACCEPTANCE Customer's Signature

**9/11 03/05/23**

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

CASH	CHEQUE	CARD
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Registered No.: 02814869



## Enquiries

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**From:** Facilities Coordinator <FacilitiesCoordinator@life.org.uk>  
**Sent:** 03 May 2023 10:41  
**To:** Enquiries  
**Cc:** Neil Rutherford, Kay Carruthers  
**Subject:** RE: Quote 353994

Hi Debbie

This is the purchase order for this work - Purchase Order 4300897656.

If you let me know once this is booked in, I will raise a permit to work for the job

Thanks

Kev

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**From:** Enquiries <enquiries@baileys-blinds.co.uk>  
**Sent:** Tuesday, May 2, 2023 1:25 PM  
**To:** Facilities Coordinator <FacilitiesCoordinator@life.org.uk>  
**Subject:** RE: Quote 353994

Good Afternoon Kev

That will be no probs at all. Do you want to send over a purchase order and we can invoice you once the job is complete or would you prefer to pay the 50% deposit with the balance due upon fitting?

Kind Regards

Debbie Young

 **Baileys**

Bailey Blinds

34 High Street Spennymoor

DL16 6DB

t. 0191 258 5956

e. [enquiries@baileys-blinds.co.uk](mailto:enquiries@baileys-blinds.co.uk)

w. [www.baileys-blinds.co.uk](http://www.baileys-blinds.co.uk)



**From:** Facilities Coordinator <FacilitiesCoordinator@life.org.uk>  
**Sent:** Tuesday, May 2, 2023 11:47 AM  
**To:** Enquiries <enquiries@life.org.uk>  
**Cc:** Neil Rutherford <neil.rutherford@life.org.uk>; Kay Carruthers <kay.carruthers@life.org.uk>  
**Subject:** RE: Quote 353994

# PLEATED BLINDS

## Order Form

Company / Shop:	BALES / BOSTON	Sales Rep:	DAVE	Date:	3/5/23	Special Instructions:	
Customer Name:	BIG MEDICINE	Customer Name:	BIG MEDICINE	Order Reference:	355944		

Location	BLIND SIZE & SYSTEM						CONTROLS				OPTIONS			
	Width (mm)	Drop (mm)	Recess (mm)	Exact (✓)	Child Safety Installation Height (mm)	System Type	Fabric Range	Fabric Colour	Operation		Shaped	Pole	Cut Outs	Fixing Type
									RHS (✓)	LHS (✓)				
1	780	1615		✓	2600		LUNA BLIND	CAMOUFLAGE	✓		NO	NO	NO	TOP
2														
3														
4														
5														
6														
7														
8														

**NOTE:** UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE TAKEN AS RECESS AND ALL OPTIONS WILL BE DEFAULT. FOR SHAPED BLINDS SUPPLY DIAGRAMS WITH ANGLES.

**FITTING NOTES:**