



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 **Medford**
Address **16 HOLYWELL AVENUE**
HOLYWELL
Post Code **NE25 0L1**

Tel home **0191-2370106**
Tel work
mobile
email

DATE
MEASURED/ORDERED
5/5/23

Measured By:
DAVE

CURTAINS
PLEATED
ROLLERS
ROMANS
SHUTTERS
VENETIAN **3 x FAUX**
VERTICALS
VISION
WOODEN

SPECIAL INSTRUCTIONS

ht week com
22/5/23
if poss.

G354015

RCUSET
NET
PRESS
RADIO
MAG.
VAN
RECO.
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
REAR BED	900	1500	50	ORION	S	2500	138.00
FRONT BED	875	1330	50	CALLO	S	2500	138.00
LOUNGE	1940	1385	50	SERENICE	S	2600	289.00
TOTAL							566.00

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 **£566.00**
Pd 05/05/23
VISA DEPOSIT **£283.00**
BALANCE **£283.00**

PRICE ACCEPTANCE Customer's Signature

RAINBOW GIA
Gu Ahmed

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



FAUXWOOD VENETIAN BLINDS

Order Form

Company/Shop: **FAUXWOOD SYSTEM**

Sales Rep: **DAVE**
Customer Name: **MEDFORD**

Date: **9/5/23**
Order Reference: **354015**

Special Instructions: **TO FIT WEEK COMM 22/5/23, r Pass**

BLIND SIZE & SYSTEM										OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	Slat Width	Slat Range & Colour	Tapes	Tassel	Variance	Fixing Brackets		
1	900	1500	✓		2500	50	ORION	No		YES + RETURN	FACE		
2	875	1330	✓				CALLO	+		YES	TOP		
3	1940	1385	✓		2600		SCALENE	+					
4													
5													
6													
7													
8													

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

FITTING NOTES: