



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 **SMITH**

Address **31 High Shields Close
South Shields**

Post Code **NE33 5ES**

Tel. home _____
Tel. work _____
mobile **07974 557564**
email _____

DATE
MEASURED/ORDERED
15/6/23

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	KS
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

if Aux Wood
TRUE £819.00
15% Disc - £123.00
TOTAL £696.00

PCUST	
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
------	------------	-------	-------	------------	--------	--------	-------	-------------	-----------	----------	-----------	--------------	---------------

Room	Width	Drop	Slat Size	Colour	No	Top	Bottom	Control LH or RH	Fitting Height	Price
KITCHEN	860	850	50	Pure	1	TL	TL	S	2450	144.00
Lounge ①	1195	1150	50	Pure	1	TL	TL	S	2450	192.00
Lounge ②	1760	1740	50	Pure	1	TL	TL	S	2450	359.00
LH BED	1530	1150	50	Pure	1	TL	TL	S	2450	263.00
RH BED	1080	1145	50	Pure	1	TL	TL	S	2450	192.00
									TOTAL	£1150.00
									15% Disc	- £174.00
									TOTAL	£976.00

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 £ _____

DEPOSIT £ _____

BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature _____

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

CASH CHEQUE CARD

Registered No : 02814889

