



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 **MUSA**  
Address **50 BROTHERLEE ROAD**  
**FAWDON**  
Post Code **NE32SL**

Tel. home  
Tel. work  
mobile **07307384147**  
email

DATE MEASURED/ORDERED  
**15/8/23**

Measured By:  
**DAVE**

CURTAINS  
PLEATED  
ROLLERS  
ROMANS  
SHUTTERS  
VENETIAN  
VERTICALS **X7**  
VISION  
WOODEN

350339

**SPECIAL INSTRUCTIONS**

**CALD DONISES**  
**EXPLANER**  
**WILL ORDER WHEN**  
**PAID AT END OF**  
**MONTH**

PICTURE  
NET  
PRESS  
RADIO  
MAG  
VAN  
RECC  
SHOP  
TV  
VELL 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
LOUNGS	2550	1170	3 1/2	ROWAN WHITE	TOP L/R	2200	260.00
DINER	1660	1175			L/R	2100	183.00
KITCHEN	1660	930			R/R	2250	176.00
LH FRONT BCP	765	1105			R/R	2100	121.00
RH	1665	1105			R/R		183.00
REAR BCP	1660	1100			R/R		183.00
LANDING	765	1100			L/L		121.00

TOTAL £ 227.00  
20% DISC GIVEN £ 247.00

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 £ **980.00**  
DEPOSIT £  
BALANCE £

PRICE ACCEPTANCE Customer's Signature

*(Signature)*

CASH CHEQUE CARD

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

