



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 **LISHER**

Address **144 ST DAVIDS CLOSE
SPENNYMOOR**

Post Code **DL16 6TB**

Tel. home	
Tel. work	
mobile	07901804087
email	

DATE
MEASURED/ORDERED

11 / 09 / 23

Measured By:

**SHAUN
HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

**CALLING IN
SHOP**

P/CUST	
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
							<input checked="" type="checkbox"/>	1/R			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				VERTICALS			
LIV	2350	1302	3 1/2	Fleur Chiffon Ice	RS	2400	247.00
FIBED	1780	853	3 1/2	Fleur Chiffon Ice	RS	2200	188.00
KIT	1880	1100	0/RW	ROLLER Plaza Steel Decora (A)	L	2400	173.00
						Sub	608.00
						-20% Dis	121.60
						Total	486.00

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 £ **486.00**

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

(Signature)

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

CASH	CHEQUE	CARD
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