

# Baileys Blinds

321373

CUSTOMER ORDER No.

34 HIGH STREET, SPENNYMOOR,  
DURHAM DL16 6DB

TEL: 01989 813267 or 0191 256 3936

sales@baileys-blinds.co.uk

www.baileys-blinds.co.uk

DATE MEASURED/ORDERED

24 / 2 / 15

VAT Reg. No. 607 6561 34

## SPECIAL INSTRUCTIONS

Customer's Name GUPTA (MISS)

Address 39 Kingsway

FENHAM NE4 9UJ

PHONE No.	home	
	work	
	mobile	07814-954057
	fax	

VENETIAN		
ROLLERS		
VERTICALS		
PLEATED		

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

Room	No.	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
REPAIRED BLIND IN LOUNGE								
1X OLD STYLE ROMAN SIDEWINDER F BEDROOM								
To do								

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.

PLEASE NOTE THAT WHEN SLATS ONLY ARE SUPPLIED TO EXISTING HEADRAIL, THIS IS DONE AT CUSTOMERS OWN RISK. BAILEYS BLINDS CANNOT BE HELD RESPONSIBLE FOR BREAKAGE WHICH MAY HAVE BECOME BRITTLE WITH AGE.

I have ordered the above goods and agree to pay the amount shown in full at the time 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	£ 32.50
DEPOSIT	£ NIL
BALANCE	£ 32.50

PRICE ACCEPTANCE Customer's Signature

Measured By:



FAX 021  
BELGRAVE  
LINET  
560 x 1455

REPAIR SHEET (please tick one box)

Chargeable  
under Guarantee

Chargeable Repair

NAME: GUPTA  
39 KINGSWAY  
FENHAM  
NE4 9WJ  
07814954057

ORDER No: 321373  
CUST REF:  
ORIG SALES PERSON:  
ORIG FIT BY:

RETURNED TO FACTORY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAY TO CALL: / /  
DATE CALLED:

REPAIR TO BE DONE: ROMAN  
r of blinds to REPAIR [ ]

COLLECTED BY:  
REPAIR ON SITE Y/N  
IF YES,  
ENTER RETURN CODE \_\_\_\_\_

PLEASE CHECK THIS ROMAN  
BLIND NEW CONTROL END  
FITTED BUT WON'T WIDE UP  
ON TUESDAY'S VAN

DAY TO RE-FIT:  
DATE RE-FIT:  
RE-FIT BY:

WORK  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REC in FACT BY:  
DATE ENT IN REG:  
REPAIR No:  
DATE ENT OUT REG:  
REPAIRED BY:  
CHECKED BY:

BE RETURNED TO  
\_\_\_\_\_  
\_\_\_\_\_

RETURN CODE:  
MATERIAL COST:  
TIME SPENT:  
ENT on COMP BY:

