



34 HIGH STREET,  
SPENNYMOOR,  
DURHAM DL16 6DB  
TEL: 01388 613267 or 0191 258 5956  
sales@baileys-blinds.co.uk  
www.baileys-blinds.co.uk

Customer's Name **MALLOTT**  
Address **FLAT 2, RENNICK HOUSE**  
**ABBEY MEADOWS, MORPETH.**  
Post Code **NE612BN**

Tel. home  
Tel. work  
mobile **07770588988**  
email

ON100748

DATE MEASURED/ORDERED  
**15/11/23**

Measured By:  
**DAVE**

G355281

SPECIAL INSTRUCTIONS

**GAPST CHILD DEASES**  
**EXPLAINED**

**KITCH + BEDROOM**  
**for future**  
**use**

POUST	
NET	
PRFSS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	
ROLLERS	<b>X3</b>
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

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	Face	Control LH or RH	Fitting Height	Price
<b>KITCHEN</b>	<b>1000</b>	<b>1150</b>	<b>CEMINI</b>	<b>Blout</b>	<b>CURRENT</b>	<b>R</b>	<b>2200</b>	<b>126.00</b>
<b>LOUNGE</b>	<b>1930</b>	<b>1250</b>			<b>BATTEN</b>	<b>L</b>		<b>216.00</b>
<b>BEDROOM</b>	<b>1350</b>	<b>1150</b>						<b>189.00</b>
<b>TOTAL</b>								<b>531.00</b>

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.

pd 15/11/23  
visa

TOTAL PRICE £ ~~1196.00~~ **216.00**

DEPOSIT £ **216.00**

BALANCE £ **paid full**

PRICE ACCEPTANCE Customer's Signature

**Autu**  
**DC969K**  
*[Signature]*

CASH CHEQUE CARD

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



Registered No.: 02814869

# ROLLER BLINDS

## Order Form

Company / Shop  
**BAILEYS**  
*cosford*

Sales Rep  
**DAVE**

Customer Name  
**MALLON**

Date  
**15-11-23**

Order Reference  
**355281**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child safety Insulation height (mm)	System 32/40/45/ Benfits	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps	
									RHS (✓)	LHS (✓)							
1	1930	1250	✓		2200	32	GEMINI Blot	CORCENT	✓		N/A	WHIDS	1		NO SEW	NO BWS	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

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

FITTING NOTES: