

Baileys

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 GILL
Address 17, BRINKBURN DRIVE
DARLINGTON
Post Code DL3 0LA

Tel. home _____
Tel. work _____
mobile 07989 286 202
email _____

DATE MEASURED/ORDERED
29 / 11 / 23

Measured By:
SHAUN HANLEY

356483

SPECIAL INSTRUCTIONS

RWR
B/F XMAS

P/CUST	
NET	
PRESS	
RADIO	
MAG.	
VAN	
RECC.	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	
ROLLERS	
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	face
								<u>EX</u>					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>KIT</u>	<u>1086</u>	<u>1440</u>	<u>RAW</u>	<u>ROLLER</u>		<u>2800</u>	
				<u>OR</u>			
<u>KIT</u>	<u>1076</u>	<u>1432</u>	<u>EXT</u>	<u>ROMAN</u> <u>MODE BLUEBERRY</u> <u>LINED</u> <u>CHROME S'WINDER</u>	<u>L</u>	<u>2800</u>	<u>£382</u> <u>Less DISC</u> <u>£151.</u> <u>£324</u>

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 £ 324
DEPOSIT £ 162
BALANCE £ 162

PD VISA 2911
PRICE ACCEPTANCE Customer's Signature
R. Gill

CASH _____ CHEQUE _____ CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



Registered No.: 02814869

ROMAN BLINDS

Order Form

Company / Shop: **BAILEYS - SIMOR**

Sales Rep: **SHAWN H**

Customer Name: **GILL**

Date: **29-11-23**

Order Reference: **356483**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS			OPTIONS			
Location	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Standard Cleat/ Deluxe	Fabric Range	Fabric Colour	Operation		Chain Colour	Lining	Pattern Match Bay Position L/R	Fitting		
									RHS (✓)	LHS (✓)				TOP (✓)	FACE (✓)	
1	KT 1076	1432	RA	EX	2800		MODE	BLUEBERRY			L	CHROME	STD LINING		✓	
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: