

Supply only

ON100945
Tue 27th Feb
Baileys

34 HIGH STREET
SPENNYMOOR,
DURHAM DL16 6DB
TEL: 01388 813267 or 0191 268 6956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

Customer's Name: **ACCORR HEALTH CARE**
Address: **EDGEFIELD AVENUE**
FARNHAM
Post Code: **NE3 3NG**

To: **Mr Geoffrey**
Tel: **01507 477845**

Price @ Accor Health Care
G. 123

DATE MEASURED/ORDERED
30/11/23

Measured By:
DAVE

SPECIAL INSTRUCTIONS
SPECIFIC REQUIREMENTS BY
2pm 1/12/23
PLEASE
SOME THINGS SUPPLY
SHOULD BE ALLOWED FOR
ON WINDOWS AVAILABLE
OF THIS.
SUPPLY ONLY. COST
TO FIT

VERTICAL
CURTAINS
PILATED
ROLLERS
ROMANS
SHUTTERS
VENETIAN
VERTICAL
VISION
WOODEN

Fitted By: _____ DATE: _____ DAY: _____ AM/PM: _____

awn	anthracite	black	brown	champ-gold	chrome	silver	white	access size	motorised	wood fix	stone fix	brackets top	brackets face
								<input checked="" type="checkbox"/>					

Qty	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
1	810	1550	5	EXLITE NIGHT (20)	R/L	2700	185.58
2	3340	1535			R/L		133.58
3	3240	1535			R/L		251.16
4	885	1530			R/L		251.16
5	2110	1525			R/L		133.58
6	2110	1520			R/L		249.08
7	865	1540			R/L		249.08
8	3330	1545			R/L		133.58
9	2185	1555			R/L		351.16
10	2200	1535			R/L		249.08
11	2195	1525			R/L		249.08
12	2110	1525			R/L		249.08
13	2110	1525			R/L		249.08
							3,082.28
							EXC VAT

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 my order is not made in full at the 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 credit removal.

TOTAL PRICE: **3,698.74**
DEPOSIT: _____
BALANCE: _____

INC VAT Commercial
PRICE ACCEPTANCE Customer's Signature

9/A 15/02/24

CASH CHECK CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Registered No: 3081-36



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 **ACCORD HEALTHCARE**
Address **EDGEFIELD AVENUE**
FARWIDEN
Post Code **NE33NB**

PAUL @ AIRAGE - SERVICES CO LTD
255355

DATE MEASURED/ORDERED
30/11/23

Measured By:
DAVE

SPECIAL INSTRUCTIONS

QUOTE REQUIRED BY
2pm 1/12/23
PLEASE

SOME TRAZERS SUPPLY
SHEET IS ALLOWED FOR RIX
ON WINDOWS FROM AROUND
OF THIS

SUPPLY ONLY COST
TO FIT

ROUST
NET
PRESS
RADIO
MAG
VAN
RECC
SHOP
TV
WELL P
OTHER

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	X 13
VISION	
WOODEN	

Tel home	PAUL GODFREY
Tel work	
mobile	07507477848
email	

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
								1/2					

Room	Width	Drop	Slat	Colour	Control	Fitting Height	Price
OUTSIDE ①							
②	810	1550	5	EXLITE LIGHT GREY	R/L	2700	
③	3340	1530			R/L		
④	3290	1535			R/L		
⑤	885	1530			R/L		
⑥	2110	1525			R/L		
⑦	2110	1520			R/L		
⑧	865	1540			R/L		
⑨	3330	1545			R/L		
⑩	2185	1535			R/L		
⑪	2200	1535			R/L		
⑫	2195	1525			R/L		
⑬	2190	1525			R/L		
(Supply only)							

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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 £ _____

DEPOSIT £ _____

BALANCE £ _____

PRICE ACCEPTANCE Customer's Signature
G/A 15/02/24

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



Registered No. 02814869

1082

VERTICAL BLINDS

Order Form

Company / Shop
BALANCE GOSFORTH

Sales Rep: **DAVE**
 Customer Name: **ACCORD HEALTHCARE**

Date: **15/2/24**
 Order Reference: **355355**

Special instructions:

BLIND SIZE & SYSTEM

Loop ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	Slit Size	Fabric Range	Fabric Colour	Slits only (v)	CONTROLS			OPTIONS			
										RHS (v)	LHS (v)	Control Side	RHS (v)	LHS (v)	SPUT (v)	Wind Control
1	810	1550	✓		2700	5"	EX LIGHT	LIGHT GREY		✓			YES	WHITE	✓	No
2	860	1550	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	840	1530	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4	890	1535	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5	885	1530	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6	2110	1525	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7	2110	1520	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8	865	1540	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

FITTING NOTES:

20P2

VERTICAL BLINDS

Order Form

Company/Shop
BALLET GOSFORD

Sales Rep: **DAVE**
 Customer Name: **ACCORD VERTICALS**

Date: **15/12/24**
 Order Reference: **355355**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS				
Loc-ation	Width (mm)	Drop (mm)	Recess (v)	Exec (v)	Child Safety Installation Height (mm)	Slit Step	Fabric Range	Fabric Colour	Slits only (v)	RHS (v)	LHS (v)	RHS (v)	LHS (v)	SPILT (v)	Wand Control	Headrail Colour	Filing Brackets	Weight & Chained
1	9 3300	1545	✓		2700	5"	EX-LIGHT	LIGHT GREY		✓					YES	WHITE	TOP	No
2	10 2085	1535	✓							✓								
3	11 2100	1535	✓								✓							
4	12 2195	1525	✓									✓						
5	13 2190	1525	✓								✓							
6																		
7																		
8																		

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE IN MM AS RECES AND ALL OPTIONS WILL BE DEFAULT.

FITTING NOTES: