

Tue 23rd Jan Baileys

34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 6DB **ON101068**
TEL: 01388 813267 or 0191 258 5956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

Customer's Name **SYKES**
Address **5, TIMOTHY HACKWORTH DRIVE, DARLINGTON**
Post Code **DL2 2GN**

Tel. home	
Tel. work	
mobile	07784 196 203
email	

DATE MEASURED/ORDERED
11 / 01 / 24
Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR

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
								o/r			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				ROLLER			
BATH	560	800	o/r	PLAZA GRAPHITE	R	2100	£68
				SHAPE1 STRAIGHT			
				CHROME 5 WINDER			
				1x PAIR OF BKT COVERS			
* CLOAK	600	970	o/r	↓ KEEP ON FILE ↓	R	2200	£72*
				1x PAIR OF BKT COVERS			

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	£ 68
pd 11/01/24	
CHQ. DEPOSIT	£ 34
BALANCE	£ 34

PRICE ACCEPTANCE Customer's Signature

Judith Sykes

CASH	CHEQUE	<input checked="" type="checkbox"/>	CARD
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



