

the 30th Jan Baileys

34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 6DB **ON 101104**

TEL: 01388 813267 or 0191 258 5956

sales@baileys-blinds.co.uk

www.baileys-blinds.co.uk

Customer's Name **HAMILTON**

Address **114, FRONT STREET
TUDHOE**

Post Code **DL16 6TS**

Tel. home	01388 815180
Tel. work	
mobile	
email	

DATE
MEASURED/ORDERED
15/01/24

Measured By:
**SHAUN
HANLEY**

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

SPECIAL INSTRUCTIONS

RWR

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

Fitted By	DATE	DAY	AM	PM

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone	brackets top face
								1/R				

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				VENETIAN			
KIT	1780 1757	1332	150	0150 (A)	LL	2600	174
B'BED	1779	1332	50	0150 (A)	LL	2500	174
							£348
							Less 20% DISC WINTER SALE
							£278

ALL GOODS SUPPLIED WITH GOODS MUST BE FITTED BY US AT THE TIME OF INSTALLATION. IF YOU REFUSE TO ALLOW A SAFETY DEVICE TO BE THE GOODS WILL NOT BE INSTALLED, AND UNDER THESE CIRCUMSTANCES YOU WILL STILL BE LIABLE TO PAY THE FULL PRICE UNDER YOUR ORDER. YOU ARE STILL BOUND TO ACCEPT DELIVERY OF THE GOODS AND TO PAY FOR BOTH THE FITTING AND INSTALLATION EVEN ALTHOUGH FITTING HAS NOT BEEN CARRIED OUT.

For all goods 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 we reserve 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. It is agreed that there shall be no liability for normal damage occasioned by such removal.

278

100

78

PRICE ACCEPTANCE Customer's Signature

R. Hamilton

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

BBSA
BRITISH BLIND & SHUTTER ASSOCIATION

VENETIAN BLINDS

Order Form

Company / Shop: **BAILEYS - S MOOR**

Sales Rep: **STAINH**

Date: **15-01-24**

Customer Name: **HAMILTON**

Order Reference: **356612**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS			OPTIONS		
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System Type / Slat Width	Slat Colour Code	RHS (✓)	LHS (✓)	REV (✓)	STD (✓)	TOP (✓)	FACE (✓)	Extras	
1	KIT 1757	1332	1/2		2600	50	0150 (A)		L			✓			
2	BED 1779	1332	1/2		2500	50	---		L			✓			
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: