

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 **KOTHMANN**
Address **MAINSFORTH HOUSE**
MAINSFORTH
Post Code **DL17 9AA**

Tel. home
Tel. work
mobile **07973 912 124**
email *

ON101360

DATE MEASURED/ORDERED
22/02/24

Measured By:

SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR

356726

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	face
								1/R		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				ROLLERS			
BED	1739	1250	1/RW	BELLA	L	2300	186
				SNOW			
MASTER BED	815	1650	1/RW	 	L	2500	129
BED	1725	1650	 	 	L	1	196
BDY	813	1650	 	 	R	1	129
				SHAPE 1			
				STRAIGHT EDGE			
							640
							LESS
							Disc 15%
							544

* kothmanne@doctors.org.uk

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	£ 544
DEPOSIT	£ 272
BALANCE	£ 272

PRICE ACCEPTANCE Customer's Signature

[Handwritten Signature]

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



ROLLER BLINDS

Order Form

Special Instructions

Date: 22-02-24
Order Reference: 356726

Sales Rep: SHAUN H
Customer Name: KOTHMANN

Company / Shop: BAILEYS - SMOOR

BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/Bentlin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps	
									RHS (✓)	LHS (✓)							
1	BED	1739	1250	1/2	2300	32	BELLA	SNOW	L	L	NONE	WHITE	STD	SHAPE 1			
2	MASTER	815	1650		2500				L	L				STRAGGAD			
3	BED	1725	1650						L	L				FABRIC			
4	BAT	813	1650						R	L				WRAPPED			
5																	
6																	
7																	
8																	

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

FITTING NOTES: