

# 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 FLOWERS

Address WOODSIDE

MIDDLETON TYAS

Post Code DL10 6PU

Tel. home	
Tel. work	
mobile	<u>07 959 176 918</u>
email	

DATE MEASURED/ORDERED
<u>05/03/24</u>

Measured By:
<u>SHAWN HANLON</u>

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

## SPECIAL INSTRUCTIONS

C.HASE  
  
50% DEP  
  
1850

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
								<u>1/R</u>					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				<u>VANES ONLY</u>			
<u>FRONT</u>	<u>24</u>	<u>1122</u>	<u>3 1/2</u>	<u>BELLA MODEST</u>			<u>144</u>
<u>BEDL</u>	<u>VANES</u>						
<u>---</u>	<u>24</u>	<u>1135</u>	<u>3 1/2</u>	<u>WELDED WTS</u>			<u>144</u>
<u>R</u>	<u>VANES</u>						
				<u>DELIVERY ONLY</u>		<u>288</u>	
				<u>CUSTOMER TO HANG</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 £

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

*(Signature)*

CASH	CHEQUE	CARD
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**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**

