

Baileys

HIGH STREET,
ENNYMOOR,
RHAM DL16 6DB
L: 01380 813267 or 0191 258 8856

es@baileys-blinds.co.uk
rw.baileys-blinds.co.uk

Customer's Name: **ROGERS**
Address: **LAUREL CRESCENT**
WALKERGATE
Post Code: **NE64 7PS**

Home: _____
Work: _____
Mobile: **07772 700332**
Email: _____

DATE MEASURED/ORDERED
7/3/12

Measured By:
DAVE

SPECIAL INSTRUCTIONS

EMAIL
FIT AS CLOSE TO GLASS AS POSSIBLE

ROUST	
NET	
PRESS	
RADIO	
MAG	
WAN	
RECC	
SHOP	
TV	
YELL P	
OTHER	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

6X CAFE STYLE

Fitted By: _____ DATE: _____ DAY: AM PM

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

Room	Width	Drop	Blind Size	Control	Fitting Height	Price
2	① 626	1080	76	50% DISC	L	237.00
	② 923	1080			LR	349.00
	③ 640	1080			R	242.00
AD	① 628	1080			L	238.00
	② 927	1080			LR	351.00
	③ 637	1080			R	241.00

TOTAL £1658.00
20% DISC GIVEN £331.00
£1327.00
10% GRAB TILT + £133.00
TOTAL = £1460.00

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: £ **1460.00**

DEPOSIT: £ **730.00**

BALANCE: £ **730.00**

PRICE ACCEPTANCE Customer's Signature: **RANBOW**

Customer's Name: **PO VISA 0803**

Customer's Address: **60 ABERGAD**

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



