

Tue 23rd APR  


ON101795

C855735

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

DATE  
 MEASURED/ORDERED  
 10/4/24

Measured By:  
 DAVE

SPECIAL INSTRUCTIONS

EMAIL  
 REMOVE OLD BLINDS  
 CUSTOMER TO DISPOSE  
 AND REVERSE GARDEN  
 EXPLAINED

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

Customer's Name **REPAIR**  
 Address **32 ASHLEY CLOSE**  
**KILLINGWORTH**  
 Post Code **NE12 6GD**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	X3
WOODEN	

Fitted By	DATE	DAY	AM	PM

Tel. home	
Tel. work	
mobile	07958 744136
email	julianrebauf@aol.com

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
								FR			✓	✓	

Room	Width	Drop	Slat Size	Colour	Wipe Box	Control LH or RH	Fitting Height	Price
FRONT BR	1135	1130	RIMINI FROST	FR	FR	R	2300	399.00
REAR BR	1140	1130		FR	FR	R	2300	399.00
FRONT LH	1132	820		FR	FR	R		322.00
CURTAINS CURTAINS								
Total £								1120.00
10% Disc Given								120.00

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.

Id 10/04/24

TOTAL PRICE	£1000.00
DEPOSIT	£500.00
BALANCE	£500.00

PRICE ACCEPTANCE Customer's Signature

AUTU  
 074544 S. Deen

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



Registered No.: 02814869

# DAY & NIGHT BLINDS

## Order Form

Company / Shop: **BILLY'S / TOP FORM**
 Sales Rep: **DAVE**
 Date: **10/4/24**
 Special Instructions:

Customer Name: **REPAIR**
 Order Reference: **355735**

Loc- ation	BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
	Width (mm)	Drop (mm)	Recess (v)	Class- ette Exact (v)	Fabric (v)	Child Safety Installation Height (mm)	System Vision / Senses Mirage	Fabric Range / Colour		Operation	Control Type & Colour	Cassette Type & Colour	Headbox Option	End Caps Colours	Bottom Bar Colour	Foil				
	RHS (v)	LHS (v)																		
1 <del>1135</del>	1135	1130		✓		2300	VISION	Rimini	Frost	✓	CHROME	CLOSED	CLOTH COVERED	N/A	WHITE					
2 <del>1140</del>	1140	1130		✓		+	+	+	+	✓	+	+	+	+	+					
3 <del>1132</del>	1132	820		✓		+	+	+	+	✓	+	+	+	+	+					
4																				
5																				
6																				
7																				
8																				

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

FITTING NOTES: