



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 **MELLOR**

Address **S, HANTHORN ROAD
KIRK MERRINGTON**

Post Code **DL16 7HT**

Tel home

Tel work

mobile **07976 372 996**

email

DATE
MEASURED/ORDERED

22 / 04 / 24

Measured By:

**SHAUN
HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

CHASE

**GET Q FROM
HILLMETS FOR
£598.50 (3 1/2 SLAT)**

Fitted By

DATE DAY AM PM

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

356939

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				VERTICAL			3/2 5'
LAND	607	1054		CORSICA	R	2200	119 103
				CREAM			
FIBED	1778	1037			LS	"	215 187
R							
HL	1774	1035			LS	"	215 187
BIBED	1772	1043			RS	"	215 187
R							
LIV	1782	1187			RS	2300	224 195
FRONT							
REAR	1780	1189				2300	224 195
				WELDED WTS			1212 / 1054
				3/2	£ 969	LS3	969 / 843
				5	£ 843	207	
						DISC	

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 \$

PRICE ACCEPTANCE Customer's Signature

**ALL BLINDS TO
BE PAID FOR
AT TIME OF
FITTING**

DEPOSIT \$

BALANCE \$

CASH	CHEQUE	CARD
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