



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 **BUSSEY**
Address **24, THE OVAL**
WEST CORNFORTH
Post Code **DL17 9NU**

Tel home
Tel work
mobile **07934 894 740**
email **X**

DATE
MEASURED/ORDERED
15/05/24
Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR
F/FIX TO WOOD BATION
ON 102075 Tue 28th May

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
								O/R		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
LIV	2000	1235		VISION BLIND CLASSICA DOVE 70mm WHITE CASSETTE WITH FABRIC INSLAT L WHITE B'BAR L 5' WINDER	R	2400	£478 LESS DISC £382
* RAPHIELYANS@gmail.com							

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 £ 382
*pd 15/05/24
visa 015725*
DEPOSIT £ 190
BALANCE £ 192

PRICE ACCEPTANCE Customer's Signature
LD BUSSEY

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



DAY & NIGHT BLINDS

Order Form

Company / Shop: **BAILYS-S'MOOR**

Sales Rep: **SHAUN H**

Customer Name: **BOSSLEY**

Date: **15.05.24**

Order Reference: **357001**

Special Instructions: **FACE FIX BKTS**

1	BLIND SIZE & SYSTEM										OPTIONS							
	Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Cass-ette Exact (✓)	Fabric (✓)	Child Safety Installation Height (mm)	System: Vision / Screens / Manager	Fabric Range / Colour		CONTROLS		Control Type & Colour	Cassette Type & Colour	Headbox Option	End Caps Colours	Bottom Bar Colour	Roll
									RHS (✓)	LHS (✓)	Operation							
1	LN	2000	1235		✓	4000	2400	VISION	CLASSICA	DOVE	R		70mm WHITE	FABRIC INSERT	WHITE	WHITE	STD	
2																		
3																		
4																		
5																		
6																		
7																		
8																		

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

FITTING NOTES: