

18th June
Baileys

ON102147

G355923

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 **Robson**
Address **22. BEACH BOULEVARD CLOSE
NORTH SHIELDS.**
Post Code **NE24 9TD**

Tel. home
Tel. work
mobile **07738 643364.**
email **Jemrobson@Gmail.com**

DATE
MEASURED/ORDERED
4/6/12
Measured By:
DAVE

SPECIAL INSTRUCTIONS

EMAIL.

Fit to orig brackets

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

CURTAINS	
PLEATED	
ROLLERS	X2.
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

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
								IR			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price	
LH BED	1135	1430	Bella	SNOW	TAP	R	2200	156.00
RH BED	1135	1430	—	PAPER.	—	L	—	156.00
				WHITE CHANST	CAPS			
								312.00
								20% disc - 62.00

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.

pd 04/06/12
TOTAL PRICE £250.00
DEPOSIT £150.00
BALANCE £100.00

PRICE ACCEPTANCE Customer's Signature
Auty 29/7/17
CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



ROLLER BLIND

Order Form

Company / Shop: **BRITISH POSKRAM**

Sales Rep: **DAVE**
Customer Name: **ROBSON**

Date: **4/6/24**
Order Reference: **355923**

Special Instructions:

Loc- ation	BLIND SIZE & SYSTEM										CONTROLS				OPTIONS			
	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 344/45/ Banifin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar			
									RHS (✓)	LHS (✓)								
1	1135	1430	✓		2200	32	BELLA	SNOW	✓		N/A	WHITE		1	NO STOP BAR			
2	1135	1430	✓					PAPER		✓				1				
3																		
4																		
5																		
6																		
7																		
8																		

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

NOTE:

FITTING NOTES: