



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 **COOMBER**
Address **8, BENINGBOROUGH COURT**
SPENNYMOOR
Post Code **DL16 7GG**

Tel. home **01388 814 640**
Tel. work
mobile
email

UN10C40T

DATE MEASURED/ORDERED

05/07/24

Measured By:

SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR

* FABRIC TO MATCH
2 BLINDS ON 1 WINDOW

430 x 105
520 x 450
100

PI/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
								1/R					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
MASTER BED	1140	1126	1/2T	VISION BLINDS	L	2300	332
	1140	1126	1/2T	ARREZZO GREY	R	"	332
				WHITE OPW 32mm CASSETTE & BOTTOM BAR			£664
				BOTH BLINDS IN 1 CASSETTE 2280 1/R		Less Disc 20%.	£530
				* BAILEYS TO MOVE ROMAN BLIND FORWARD TO FIT VISION BEHIND.			

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 £ 530
Pd 05/07/24
VISA 300316
DEPOSIT £ 265
BALANCE £ 265

PRICE ACCEPTANCE Customer's Signature

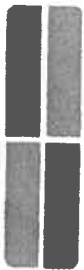
[Handwritten Signature]

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:
BALLETTS - SMOOR

Sales Rep: **SHAUN H**
 Customer Name: **COOMBER**

Date: **05.07.24**
 Order Reference: **357183**

Special Instructions
**BOTH BLINDS IN 1 CASSETTE
 2290 1/2 TOP FIX - FABRIC TO MATCH**

BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Cas-ette Exact (✓)	Fabric (✓)	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	Roll			
										RHS (✓)	LHS (✓)								
1	BED L 1140	1126	1/2			2300	VISION	ARREZZO			L	WHITE	SMALL WHITE OPEN	NO FABRIC	WHITE	STD			
2	BED R 1140	1126	1/2			"	"	GREY		R	WHITE	LOUNGETTE CASSETTE	---	"	"	STD			
3																			
4																			
5																			
6																			
7																			
8																			

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

FITTING NOTES: