



100 6th AUG
Baileys

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 **GNAT UK**

Address **JACKSON COURT**
OLYMPIC WAY
RICHMOND Post Code **DL10 4FD**

Tel. home	
Tel. work	
mobile	07752 752 375
email	RHONA PEACOCK

UN L02460 40 AHEAD

DATE MEASURED/ORDERED
08/07/24

Measured By:
SHAUN HANLEY

SPECIAL INSTRUCTIONS

EMAIL Q

FIX VLV INSIDE FRAME
30mm FIT

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

CURTAINS	
PLEATED	
ROLLERS	
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
								1/2		METAL		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
FRONT OFFICE	1100	2090	11/16	ROLLER	R	2400	
NEXT TO DOOR	1045	1995	25	SHAPE 1 STRAIGHT VENETIAN 7326 (R) COORDINATE S/WOODER	RR	2400	210
						Fitting	30
							£ 240 + VAT
office @ gnatuk.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	£ 288
DEPOSIT	£ 144
BALANCE	£ 144

Commercial
PRICE ACCEPTANCE Customer's Signature

BAES 19/7

CASH	CHEQUE	CARD
------	--------	------

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING





VENETIAN BLINDS

Order Form

Company / Shop:

BALLEYS - 5th FLOOR

Sales Rep:

SHAWN H

Date:

22-07-24

Special Instructions

Customer Name:

Order Reference:

357186

BLIND SIZE & SYSTEM

Loc- ation	Width (mm)	Drop (mm)	Recess (<input type="checkbox"/>)	Exact (<input type="checkbox"/>)	Child Safety Installation Height (mm)	System Type/ Slat Width	Slat Colour Code	CONTROLS				OPTIONS			
								RHS (<input type="checkbox"/>)	LHS (<input type="checkbox"/>)	REV (<input type="checkbox"/>)	STD (<input type="checkbox"/>)	Fixing Brackets TOP (<input type="checkbox"/>)	FACE (<input type="checkbox"/>)	Extras	
1 FRONT OFFICE	1045	1995	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2400	25	7326 (B)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2															
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: