

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 **MC AULIFFE**  
 Address **37, ST. OSWALDS COURT**  
**NEWTON AYCLIFFE**  
 Post Code **DL5 4DD**

Tel. home **01325 317540**  
 Tel. work  
 mobile  
 email

**ON102687**

DATE  
 MEASURED/ORDERED  
**02 / 08 / 24**

Measured By:  
**SHAUN HANLEY**

**S357290**

**SPECIAL INSTRUCTIONS**

**RWR**

PI/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

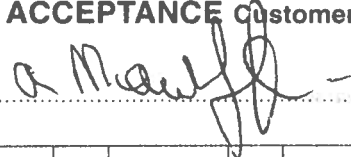
alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	face
								<b>1/R</b>		<b>TILE</b>		<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<b>BATH</b>	<b>1143</b>	<b>980</b>	<b>1/R</b>	<b>ROMAIN CRIMSON</b> <b>SHAPE 1 STRAIGHT</b> <b>EDGE</b>	<b>R</b>	<b>2300</b>	<b>160</b>
						<b>LSS</b> <b>DISC</b>	<b>£ 128</b>

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 02/08/24  
**TOTAL PRICE** £ **128**  
 VISA 44373  
**DEPOSIT** £ **128**  
**BALANCE** £ **NIL**

**PRICE ACCEPTANCE** Customer's Signature  
  

CASH	CHEQUE	CARD
		<input checked="" type="checkbox"/>

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



# ROLLER BLINDS Order Form

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

Sales Rep:  
**SHAUN H**

Customer Name:  
**MCAULIFFE**

Date:  
**02-08-24**

Order Reference:  
**357290**

Special Instructions

	BLIND SIZE & SYSTEM										CONTROLS				OPTIONS					
	Loc- ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	System 32/40/45/ Benthin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps			
										RHS (v)	LHS (v)									
1	BATH	1143	980	1/2		2300	32	ROMAIN	CRIMSON		R		NO	WHITE	STD	SHAPE 1				
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: