

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 **WINTER**
Address **7, KINGSMOOR**
WILLINGTON
Post Code **DL15 0DN**

Tel. home **01388 746530**
Tel. work
mobile
email

DATE MEASURED/ORDERED
28/08/24

Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Tues 10th Sept
ON102829 S357326

SPECIAL INSTRUCTIONS

RWR
X BAILETS TO FIT VANES

173°

PCUST	
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	face
								1/2					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
KIT	1678	1105	3 1/2	VERTICAL Rhapsody Grey	RS	2600	201
BATH	1139	837	3 1/2	VANES ONLY Rhapsody Grey	RS	2300	150
DIN	24	1290	3 1/2	VANES			167
F' BED	24	1145	3 1/2	WELDED WTS			120
B' BED	24	1143	3 1/2				120
							£ 758
						Less Disc 20%	£ 606

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 **£ 606**
DEPOSIT **£ 303**
BALANCE **£ 303**

PD VISA 2808
PRICE ACCEPTANCE Customer's Signature
A Winter

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

BBSA
BLINDS & SHUTTERS ASSOCIATION

VERTICAL BLINDS

Order Form

Customer Name	SHAUN H
Address	28.08.24
City	357326
Special Instructions	

Loc-ation	BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
	Width (mm)	Drop (mm)	Recess (v)	Extract (v)	Child Safety Installation Height (mm)	Slat Size	Fabric Range	Fabric Colour	Slats only (v)	Control Side			Blunch		Wand Control	Headrail Colour	Fixing Brackets	Weight & Chained		
										RHS (v)	LHS (v)	RHS (v)	LHS (v)	SPLIT (v)						
1 KIT	1678	1105	1/R		2600	3 1/2	RHAPSODY	GREY		R				S	No	WHITE	Top	No		
2 BATH	1139	837	1/R		2300	3 1/2	---	---		R				S	No	"	"	No		
3																				
4 DIN	24 VANS	1290	1/R			3 1/2	RHAPSODY	GREY	✓									No		
5 FRONT BED	24 VANS	1145	1/R						✓									No		
6 BACK BED	24 VANS	1143	1/R						✓									No		
7																				
8																				

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

FITTING NOTES: