



34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 6DB
TEL: 01388 813267 or 0191 258 5956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

FIT WITH INVOICE 358144

358162

DATE MEASURED/ORDERED
3/9/124

Measured By:
DAVE

SPECIAL INSTRUCTIONS

ON 102921

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

Fitted By _____ DATE _____ DAY _____ AM _____ PM _____

Customer's Name **PORTEUS**

Address **APARTMENT 11,**
WATERGATE COURT, CANNETT ROAD
LOBBY Hill Post Code WEL100G

Tel. home _____
Tel. work _____
mobile **07999 979442**
email _____

CURTAINS	
PLEATED	
ROLLERS	X
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

alun.	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
								IRL			✓	✓	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
CLASH ROOM	860	1815		BELLA CANVAS ^{white} grey ^{top} bottom	motor	2200	142.00
				SONESS 30 ULTRA WFL 10NR3			334.00
				SITUO 1 RTS PURB			63.00
				CHARGER V2			27.00
TOTAL							566.00
20% BLIND DISC							28.00

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 03/09/124

TOTAL PRICE £538.00

DEPOSIT £538.00

BALANCE £PAID IN FULL

PRICE ACCEPTANCE Customer's Signature

ATM 961978 M. [Signature]

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



MOTORIZED ROLLER BLINDS

Order Form

Company / Shop: **Blinds Systems**

Sales Rep: **DAVE**
Customer Name: **POITEUS**

Date: **3/19/24**
Order Reference: **358162**

Special Instructions: **FT WITH INU 358144**

BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
Loc- ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 34/40/45/ Bendish	Fabric Range	Fabric Colour	Motor Type	Remote Control	Side - RH / LH	Cassette Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps			
1. 1000	860	1815	✓		2200	40	Bella	Canvas	Somerset 30 ULTRA WIP H-B-R	SITUO 12000	LH	N/A		1	5000	WINGS			
2																			
3																			
4																			
5																			
6																			
7																			
8																			

MOTOR EXTRAS / ACCESSORIES / NOTES:

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

FITTING NOTES: