



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 **LEE**

Address **20, RUSSELL PLACE
WILLINGTON**

Post Code **DL15 0EN**

Tel. home	
Tel. work	
mobile	07795 381 857
email	

DATE
MEASURED/ORDERED

09 / 09 / 24

Measured By:

**SHAUN
HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR

ON 102956

P/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
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
BATH TOP	376	142		PIFIT PLEATED WHITE FRAME 22mm TENSIONED			133
BOTTOM	468	545		RELIEF GREY			186
							319
						LHS DISC	223

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	£ 223
DEPOSIT	£ 112
BALANCE	£ 111

Pd 09/09/24
530002
VISA

PRICE ACCEPTANCE Customer's Signature

S. Lee

CASH	CHEQUE	CARD
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**ALL BLINDS TO
BE PAID FOR
AT TIME OF
FITTING**



Registered No.: 02814869

PERFECT FIT PLEATED BLINDS

Order Form

Company / Shop: BAILEYS S' MOOR		Sales Rep: SHAUN H		Special Instructions
Date: 09-09-24		Order Reference: 357380		
Customer Name: LEE				

	BLIND SIZE & SYSTEM						CONTROLS				OPTIONS			
	Loc- ation	Width (mm)	Drop (mm)	Frame Colour	Bracket size	System Type	Type		Pole Required	Shaped Blind	Cut Outs	Backing Foam	Handle Spacer 2mm / 6mm	Rebates
							Tension	Cord						
1	BATH TOP	376	142	WHITE	22	NORMAL WINDOW	✓		✓	✓	✓	✓	✓	
2	BATH BOTTOM	468	545	"	"	"	✓							
3														
4														
5														
6														
7														
8														

NOTE: UNLESS OTHERWISE STATED ALL OPTIONS WILL BE DEFAULT. ONLY GLASS MEASUREMENTS REQUIRED. FOR SHAPED BLINDS SUPPLY DIAGRAMS WITH ANGLES.

FITTING NOTES: