

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 **WEST**
Address **3, SKIPTON GROVE**
BISHOP AUCKLAND
Post Code **DL14 6LN**

Tel. home
Tel. work
mobile **07891 462 355**
email

DATE MEASURED/ORDERED
16 / 09 / 24

Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR

ON 103019

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	face
								1/R					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
BATH	1157	730	1/RW	ROLLER PALETTE BRIGHT WHITE SHAPER WAVE WITH MASSIVE TRIM WHITE ON BATH SIDES	R	2300	158
						LESS DISC	134

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 16/09/24
TOTAL PRICE £ **134**
VISA 562100

DEPOSIT £ **134**

BALANCE £ **NIL**

PRICE ACCEPTANCE Customer's Signature

W. J. West

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

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

BBSA
BRITISH BLIND & SHUTTER ASSOCIATION

ROLLER BLINDS

Order Form

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

Sales Rep: **SHAWN H**

Date: **16-09-24**

Special Instructions:

Customer Name: **VEST**

Order Reference: **357421**

BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
Loc. ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/ Benches	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps			
									RHS (✓)	LHS (✓)									
1	BATH	1157	730	1/A	2300	32	PALETTE	BRIGHT	R		NO	WHITE	SID	SHAPE	Z				
2								WHITE						WAVE					
3														WITH					
4														MATISSE					
5														WHITE					
6														TRIM ON					
7														BOTH SIDES					
8																			

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

FITTING NOTES: