



34 HIGH STREET,
SPENNYMOOR,
DURHAM DL16 8DB
TEL: 01388 813267 or 0191 258 5956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

Customer's Name **CLAYTON**
Address **50 FRONT STREET**
NEWBIGGIN
Post Code **NE646PS**

Tel. home	
Tel. work	
mobile	07545 149992.
email	

DATE MEASURED/ORDERED
30/9/24

Measured By:
DAVE

358271

SPECIAL INSTRUCTIONS
FIT 35mm FROM FRAMES
INSIDE INNER RECESS

CUST WANTS TO
HAVE A THINK.

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	X5
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
								IRL		<input checked="" type="checkbox"/>		SIDE

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price	
DINER	995	1735	76	BRUNNEN MID NO	WH/RO	LR	604.00	
BAY ①	558	1879	+	1290	+	L	367.00	
②	1015	1879	+	1290	+	LR	668.00	
③	1015	1879	+	1290	+	LR	668.00	
④	553	1879	+	1290	+	R	364.00	
							TOTAL	2671.00
							20% DISC GIVEN	534.00
							TOTAL	2137.00
							+ 10% CASEY TILT	213.00
							TOTAL	2350.00

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.

TOTAL PRICE **£2350.00**

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

(Signature)

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

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

