

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 **BOYNTON**

Address **21, CALSBURY CRESCENT
DARLINGTON**

Post Code **DL3 9BW**

Tel. home	
Tel. work	
mobile	07816 452 555
email	

DATE
MEASURED/ORDERED

01/10/24

Measured By:

**SHAUN
HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

RWR

ON103199

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	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				PERFECT FIT VEN			
BATH L	464	739	25	WHITE FRAMES TENSIONED	L		216
--- R	371	643	25	22 mm BKT 9252 (C)	R		216
							432
						LESS DISC	302

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 £ **302**

DEPOSIT £ **151**

BALANCE £ **151**

PN VISA 0110.
PRICE ACCEPTANCE Customer's Signature

H Boynton.

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

BBSA
BRITISH BLIND & SHUTTER ASSOCIATION

Registered No.: 02814869



PERFECT FIT VENETIAN BLINDS

Order Form

Company / Shop	Sales Rep:
BAILEYS - SIMOOR	SHAUN H
	Customer Name:
	BOYNTON

Date:
01.11.24
Order Ref/Prefix:
357490

Special instructions

1	2	3	4	5	6	7	8	BLIND SIZE & SYSTEM				CONTROLS			OPTIONS						
								Loc-ation	Width (mm)	Drop (mm)	Frame Colour	Bracket size	System Type	Slat Colour Code	Type		Control Side	Cut Outs	Backing Foam	Handle Spacer 2mm / 6mm	Rebates
															Tension	Cord					
	BATH	L	464	739	WHITE	22	25mm	9252(c)				L									
		R	371	643	"	"	"	--				R									

NOTE: UNLESS OTHERWISE STATED ALL OPTIONS WILL BE DEFAULT. ONLY GLASS MEASUREMENTS REQUIRED.

FITTING NOTES