

88
262
350

597 4 11

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

358402

DATE MEASURED/ORDERED
28/10 124

Measured By:
DAVE

SPECIAL INSTRUCTIONS
GAPS ALL FINISHED
EXPLAINED
GETTING QUOTES

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

Customer's Name **JOHNSON**
Address **1 MONKS RIDGE**
MORPETH.
Post Code **NE61 2AW**

Tel. home	
Tel. work	
mobile	07896 846116
email	

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	3 x fix
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	brackets face
								IN			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	DESCR	Colour	Fix	Control LH or RH	Fitting Height	Price
Lower REAR BED									
①	565	1185	50	DESGLT	NO	Top	S	2350	88.00
②	1970	1185	50	OAK	TRIG	Top	S	2350	262.00
③	565	1185	50				S	2350	88.00
TOTAL									438.00
20% DISC									88.00

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 **£350.00**

DEPOSIT £

BALANCE £

PRICE ACCEPTANCE Customer's Signature

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

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

