



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 **BOCKBURN**  
Address **22, FERN GROVE**  
**SPENNYMOOR**

Post Code **DL6 7DR**

Tel. home	<b>01388 818 788</b>
Tel. work	
mobile	
email	

DATE MEASURED/ORDERED  
**07/11/24**

Measured By:  
**SHAUN HANLEY**

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

**SPECIAL INSTRUCTIONS**

**RWR**

**ON103564**

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
								<b>1/R</b>					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<b>BATH</b>	<b>1414</b>	<b>1000</b>	<b>1/RT</b>	<b>VISION NIGHT &amp; DAY</b>	<b>R</b>	<b>2300</b>	<b>£326</b>
				<b>ECCO STONE</b>		<b>L155</b>	
				<b>70mm WHITE CASSETTE</b>		<b>DISC</b>	
				<b>&amp; BOTTOM BAR</b>			<b>£260</b>
				<b>FABRIC INSERTS</b>			
				<b>WIPER 5" WINDER</b>			
				<b>CHROME</b>			

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	£ <b>260</b>
DEPOSIT	£ <b>130</b>
BALANCE	£ <b>130</b>

PRICE ACCEPTANCE Customer's Signature

*J. Bockburn*

CASH	CHEQUE	CARD
		<input checked="" type="checkbox"/>

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**





# DAY & NIGHT BLINDS

## Order Form

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

Sales Rep: **SHAUN H**  
Customer Name: **BOCKBURN**

Date: **07-11-24**  
Order Reference: **357630**

Special Instructions:  
**TOP FIX BKTS**

BLIND SIZE & SYSTEM										OPTIONS					
Loc- ation	Width (mm)	Drop (mm)	Recess (v)	Cass- ette Exact (v)	Fabric (v)	Child Safety Installation Height (mm)	System Vision/ Senses Mirage	Fabric Range / Colour		Control Type & Colour	Cassette Type & Colour	Headbox Option	End Caps Colours	Bottom Bar Colour	Roll
								RHS (v)	LHS (v)						
1	BATH	1414	1000	1/R		2300	VISION	ECCO STONE	R	CHROME	70MM WHITE	FABRIC INSERT	WHITE	WHITE	STD
2															
3															
4															
5															
6															
7															
8															

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

FITTING NOTES: