

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 **GRAHAM.**
Address **486 WEST ROAD**
FENHAM.
Post Code **NE52ET**

Tel. home
Tel. work
mobile **07907 891206.**
email

DATE MEASURED/ORDERED
19/11/24

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	X4
VENETIAN	
VERTICALS	
VISION	
WOODEN	

CUSTOMER TO SPEAK
TO HUSBAND **G358511**

SPECIAL INSTRUCTIONS
APPROX
15-16 WEEKS
UNTIL DELIVERY
ON/03581

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
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Room	Width	Drop	Slat Size	Colour	Control	Fitting Height	Price
Bedroom 1	570	1482	64	TIMELESS	NO NO	L	296.00
Bedroom 2	1782	1482	64	GRAHAM	NO NO	LR	924.00
Bedroom 3	580	1482	64	TIMELESS	NO NO	R	301.00
Living Room	805	1455	64	5x30x1482	2x SIDES	LR	40.00
Total							1972.00
BLACK FRIDAY 5% - 20% -							394.00

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 £ **1578.00**
DEPOSIT £ **789.00**
BALANCE £ **789.00**

PRICE ACCEPTANCE Customer's Signature
GRAHAM 16/12/24

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

CASH CHEQUE CARD



Shutter Survey Sheet

Number of Shutters: **4** Survey Date: **1-1-25** Customer Name: **SPAINAM** Fibers Required: _____
 Survey Sheet: **DAVE** Surveyor: **DAVE** Order Number: **388511** Estimated Fit Time: _____

Item Number	1	2	3	4	5
Material:	BARMOOR	BARMOOR	BARMOOR	BARMOOR	
Colour:	TIMELESS	TIMELESS	TIMELESS	TIMELESS	
Room Name:	BIG (1)	BIG (2)	BIG (3)	W/FRONT BED	
Width:	570	1782	580	805	
Drop:	1482	1482	1482	1455	
Mounting Type:	FULL H	FULL H	FULL H	FULL H	
Panel Quantity:	1	3		2	
Leave Size:	64	64	64	64	
T/R Rod Type:	CENTRAL	CENTRAL	CENTRAL	CENTRAL	
Mid Rail:	NO	NO	NO	NO	
Leave Bell:	NO	NO	NO	NO	
Panel Configuration:	L	L R R	R	L R	
Hinge Colour:	WHITE	WHITE	WHITE	WHITE	
Frame Type:	DOUBLE INSULO	DOUBLE INSULO	DOUBLE INSULO	DOUBLE INSULO	
No Of Sides:	4	4	4	4	
Slit Type:	BUTT 41-2	AST 41-3	BUTT 41-3	AST 41-3	
Build Out:					
Extras:					
Further Instructions:					
Further Instructions:					

Battens Required Y / N

Batten Size (W X D)	Length	Quantity
5 x 30	1482	2

Order Information:

Balance to Pay: _____

Date: _____

Customer Signature: _____

Surveyor Signature: _____