

MS2

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 **McLEOD**

Address **11. WELL RIDGE PARK.**

WHITNEY BAY.

Post Code **NE259PA**

Tel. home	
Tel. work	
mobile	07748577260
email	mcloed.carmen@gmail.com

DATE MEASURED/ORDERED

15/11/24

Measured By:

DAVE

SPECIAL INSTRUCTIONS

ON/03623

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

CURTAINS	
PLEATED	9x P/ATS
ROLLERS	
ROMANS	
SHUTTERS	
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	brackets face

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Can ①	870	1468	25mm	Duoless Yellow	RIGHT 18	1476 TENSION	293.00
②	790	1372	25mm				293.00
③	865	1468	25mm				293.00
④	1124	1373	25mm				452.00
⑤	1220	1468	25mm				452.00
⑥	1122	1371	25mm				452.00
⑦	633	1783	25mm				329.00
⑧	633	1783	25mm				329.00
⑨	989	1468	25mm				370.00
							20% DISC - £ 652.00

263.00

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.

Pd 15/11/24

TOTAL PRICE **£2611.00**

DEPOSIT **£2611.00**

BALANCE **£ PAID IN FULL**

PRICE ACCEPTANCE Customer's Signature

AUTM
066358 *[Signature]*

CASH	CHEQUE	CARD	<input checked="" type="checkbox"/>
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ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



PERFECT FIT PLEATED BLINDS

Order Form

Company / Shops: **BANKS GOSWAMI**

Sales Rep: **DAVE**

Customer Name: **MC LEOD**

Date: **18-11-24**

Order Reference: **358499**

Special Instructions

Loc- ation	BLIND SIZE & SYSTEM						CONTROLS				OPTIONS			
	Width (mm)	Drop (mm)	Frame Colour	Bracket size	System Type	Fabric Range & Colour	Type		Pole Required	Shaped Blind	Cut Outs	Backing Foam	Handle Spacer 2mm / 6mm	Rebates
							Tension	Cord						
1 ①	870	1468	WHITE	18	DUOPLEAT	YELLOW	✓							
2 ②	790	1372	☐	☐	☐	☐	✓							
3 ③	865	1468	☐	☐	☐	☐	✓							
4 ④	1124	1373	☐	☐	☐	☐	✓							
5 ⑤	1220	1468	☐	☐	☐	☐	✓							
6 ⑥	1122	1371	☐	☐	☐	☐	✓							
7 ⑦	633	1783	☐	☐	☐	☐	✓							
8 ⑧	633	1783	☐	☐	☐	☐	✓							
9 ⑨	989	1468	☐	☐	☐	☐	✓							

FITTING NOTES: