

ON103631



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 **STUDDART**  
Address **19 KENSINGTON AVENUE**  
**GOSFORTH.**  
Post Code **NE32HP**

Tel. home  
Tel. work  
mobile **07439 079019.**  
email **Susanstoddart2003@yahoo.co.uk**

DATE MEASURED/ORDERED

14/11/24

Measured By:

DAVE

CURTAINS	
PLEATED	
ROLLERS	X2.
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS

**BRACKETS IN SUSAN'S**  
**TO ALLOW FOR RAILS**  
**AS CLOSE TO GAPS**  
**AS POSSIBLE BUT**  
**MISSING HANDLES**  
**GAPS EXPLAINED**  
**Fit as per please**

358490

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
								IR			✓	✓	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Living Room	1160	2320	BELLA	DOVE	L	2320	195.00
2	1160	2320			R		195.00
BOTH CLODS OF THE ABOVE							
TOTAL							390.00
20% Disc							78.00
TOTAL							312.00

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 £312.00

DEPOSIT £312.00

BALANCE £

PRICE ACCEPTANCE Customer's Signature

PA VISA 1411  
AUTM  
004986 S.F. Stoddart

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



Registered No.: 02814869

# ROLLER BLINDS

## Order Form

/Shop: **BANKS / GOSWAMI**

Sales Rep: **DAVE**  
Customer Name: **STODART**

Date: **14-11-24**  
Order Reference: **358490**

Special Instructions  
**GT ASAP PLEASE**

### BLIND SIZE & SYSTEM

### CONTROLS

### OPTIONS

Loc-ation	Width (mm)	Drop (mm)	Recess (✓)	Exact (✓)	Child Safety Installation Height (mm)	System 32/40/45/Bentfin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bott Bar   Cal
									RHS (✓)	LHS (✓)						
<b>Door 0</b>	1160	2320	✓		2320	32	<b>BEWA</b>	<b>DOVE</b>	✓		<b>N/A</b>	<b>WHITE</b>			<b>NO SEW</b>	<b>NONE</b>
<b>1</b>	1160	2320	✓						✓							

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

GENERAL NOTES: