

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 **Row**
Address **43 TINTAGEL CLOSE**
CRAMLINGTON
Post Code **NE23 1NZ**

Tel. home	
Tel. work	
mobile	07786 936 884
email	

DATE MEASURED/ORDERED
2 1 2 12 4

Measured By:
DAVE

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	2x PIRAT
VERTICALS	
VISION	
WOODEN	

SPECIAL INSTRUCTIONS
CURT NOT TAGS
JUST WEL DAD

ON 103697

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

Fitted By		DATE	DAY	AM	PM
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alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	brackets face
								IN					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Door							
①	625	1760	25	0204(A)	BRK 20 IN	L	258.00
②	625	1760	25	0204(A)	BRK 20 IN	R	258.00
Total £ 516.00							
30% DISC							£ 154.00

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 021224

TOTAL PRICE	£ 362.00
DEPOSIT	£ 181.00
BALANCE	£ 181.00

PRICE ACCEPTANCE Customer's Signature
G. O. AMEND

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

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



PERFECT FIT VENETIAN BLIND

Order Form

Company / Shop: **EMILES / SYSTEMS**

Sales Rep: **DAVE**

Customer Name: **Row**

Date: **2-12-24**

Order Reference: **358549**

Special Instructions

BLIND SIZE & SYSTEM

Location	Width (mm)	Drop (mm)	Frame Colour	Bracket size	System Type	Slat Colour Code	CONTROLS			OPTIONS		
							Tension	Cord	Type	Control Side	Cut Outs	Backing Foam
1 Top	625	1760	White	20		0204(A)	✓		L			
2 2	625	1760					✓		R			
3												
4												
5												
6												
7												
8												

NOTE: UNLESS OTHERWISE STATED ALL OPTIONS WILL BE DEFAULT. ONLY GLASS MEASUREMENTS REQUIRED.

FITTING NOTES: