



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 ELLIOTT  
Address 40, WILLOW ROAD  
MIDDLESTONE MOOR  
Post Code DL16 7AR

Tel. home	<u>01388 816407</u>
Tel. work	
mobile	<u>07899 293 004</u>
email	

DATE  
MEASURED/ORDERED  
17 / 12 / 24

Measured By:  
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

S357774

SPECIAL INSTRUCTIONS

RWR

0N103849

PICTURE	
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
								<u>1/R</u>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
<u>BATH</u>	<u>1137</u>	<u>1140</u>	<u>1/RW</u>	<u>ROLLER CHARM 8'OUT IVORY</u>	<u>R</u>	<u>2200</u>	<u>1175</u>
				<u>SHAPE 1 STRAIGHT FABRIC WRAP</u>		<u>Lw</u>	
						<u>Disc</u>	<u>£ 140</u>

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	£ <u>140</u>
DEPOSIT	£ <u>70</u>
BALANCE	£ <u>70</u>

PRICE ACCEPTANCE Customer's Signature  
C Elliott.

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

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING





# ROLLER BLINDS

## Order Form

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

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

Date: **17.12.24**  
Order Reference: **357774**

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
Loc-ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	System 32/40/45/Berlin	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps			
									RHS (v)	LHS (v)									
1	BATH 1137	1140	1/A		2200	32	CHARM BLACKOUT	NOVY	R		NO	WHITE	STD	SHADE					
2																			
3														STRAIGHT					
4														FABRIC WRAP					
5																			
6																			
7																			
8																			

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

FITTING NOTES: