



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 **WILSON**  
Address **21 DOVAL DRIVE**  
**CONSETT**  
Post Code **DH8 7DN**

|           |                     |
|-----------|---------------------|
| Tel. home |                     |
| Tel. work |                     |
| mobile    | <b>07359 575533</b> |
| email     |                     |

|                       |
|-----------------------|
| DATE MEASURED/ORDERED |
| <b>7 / 1 / 25</b>     |

|              |
|--------------|
| Measured By: |
| <b>DAVE</b>  |

|           |          |
|-----------|----------|
| CURTAINS  |          |
| PLEATED   |          |
| ROLLERS   |          |
| ROMANS    |          |
| SHUTTERS  | <b>X</b> |
| VENETIAN  |          |
| VERTICALS |          |
| VISION    |          |
| WOODEN    |          |

**SPECIAL INSTRUCTIONS**

**2 MAN FIT**  
**(FOR SIZE)**

**MULTI TOOL FOR**  
**DADO**

**14/16 WEEKS UNTL**  
**RT**

|        |  |
|--------|--|
| 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 |
|      |            |       |       |            |        |        |       | <b>FR</b>   |           |          | <b>✓</b>  |              |               |

| Room          | Width       | Drop        | Slat Size | Colour       | Control               | Fitting Height         | Price          |
|---------------|-------------|-------------|-----------|--------------|-----------------------|------------------------|----------------|
| <b>LOUNGE</b> | <b>3029</b> | <b>1512</b> | <b>76</b> | <b>WHITE</b> | <b>1120 MID. TILT</b> | <b>570 2430</b>        | <b>1602.00</b> |
|               |             |             |           |              |                       | <b>20% DISC</b>        | <b>320.00</b>  |
|               |             |             |           |              |                       | <b>+ 10% EASY TILT</b> | <b>160.00</b>  |

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 **£ 1442.00**  
Pd on 01/25  
DEPOSIT **£ 721.00**  
BALANCE **£ 721.00**  
WHEN ARRANGING FIT

PRICE ACCEPTANCE Customer's Signature

**Autu**  
**997004**

|      |        |      |          |
|------|--------|------|----------|
| CASH | CHEQUE | CARD | <b>✓</b> |
|------|--------|------|----------|

**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**



Shutter Survey Sheet

Number of Shutters: 1  
 Survey Sheets: 1  
 Survey Date: 3-1-25  
 Surveyor: DAVE

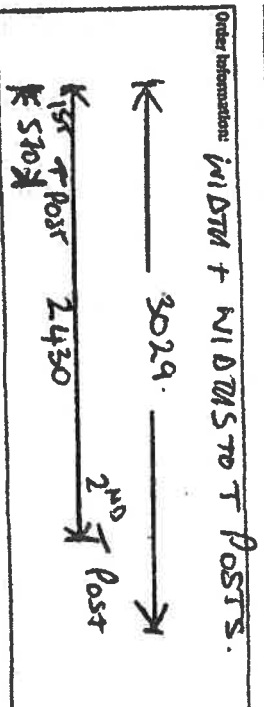
Customer Name: WILSON  
 Order Number: 358602  
 Rooms Required: 2nd Flr  
 Estimated Fit Time:

| Panel Underlayment (Single Panel / 61 Panel) | Estimate | 7mm     | 8mm     | 13mm    |
|--|----------|---------|---------|---------|
| New York                                     | 850/650  | 850/650 | 850/650 | 850/650 |
| Los Angeles PVC                              | 900/650  | 900/650 | 900/650 | 900/650 |
| New York Max Config                          |          |         |         |         |
| Los Angeles PVC Max Config                   |          |         |         |         |

Battens Required: 4 / N

| Batten Sizes (W X D) | Length | Quantity |
|----------------------|--------|----------|
|                      |        |          |
|                      |        |          |
|                      |        |          |
|                      |        |          |
|                      |        |          |

| Item Number           | 1         | 2 | 3 | 4 | 5 |
|-----------------------|-----------|---|---|---|---|
| Material:             | 3x60 Alu. |   |   |   |   |
| Colour:               | IMPELSS   |   |   |   |   |
| Room Name:            | LOUNGE    |   |   |   |   |
| Width:                | 3029      |   |   |   |   |
| Drop:                 | 1512      |   |   |   |   |
| Mounting Type:        | Flu M     |   |   |   |   |
| Panel Quantity:       | 6         |   |   |   |   |
| Louvre Size:          | 36        |   |   |   |   |
| Tilt Rod Type:        | GRSS      |   |   |   |   |
| Mild Steel:           | NO        |   |   |   |   |
| Louvre Spc:           | 1120      |   |   |   |   |
| Panel Configuration:  | LTLR2TA   |   |   |   |   |
| Frame Colour:         | WHITE     |   |   |   |   |
| Frame Type:           | DEH/RA/60 |   |   |   |   |
| No. of Sides:         | 4         |   |   |   |   |
| 5 Side Type:          | ROT 4-3   |   |   |   |   |
| Build Out:            |           |   |   |   |   |
| Extras:               |           |   |   |   |   |
| Further Instructions: |           |   |   |   |   |
| Further Instructions: |           |   |   |   |   |
| Further Instructions: |           |   |   |   |   |



Deposit Paid: \_\_\_\_\_  
 Customer Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Surveyor Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_