

Baileys

357817

ET,
R,
-16 6DB
TEL. 0115 813267 or 0191 258 5956
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

Customer's Name **THOMPSON**
Address **9, WESTERHOPE COURT**
DARLINGTON
Post Code **DL3 0TD**

Tel. home
Tel. work
mobile **07801 897 867**
email

DATE MEASURED/ORDERED
15 / 01 / 25

Measured By:
SHAUN HANLEY

CURTAINS		
PLEATED		
ROLLERS	X	1
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION	X	4
WOODEN		

SPECIAL INSTRUCTIONS

RWR
ON103947

P/CUST	
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
								1/R					

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
				VISION			
LAND	1139	1299	1/RT	CAPRI ANTHRACITE	L	2700	274
F' BED L	1712	1000	1/RT	70mm ANTHRACITE CASSETTE & BOTTOM BAR - FABRIC INSERT	R	2300	293
" R	1708	1000	1/RT	CHROME 5' WINDER	R	2300	293
B' BED	1710	1000	1/RT		R	2300	293
				ROLLER			
BATH	1109	980	1/RW	BELLA TIFFANY SHADE 1 STRAIGHT CHROME 5' WINDER	R	2300	125
						LESS DISC 20%	1022

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 £ 1022
Pa 15/01/25 DEPOSIT £ 511
BALANCE £ 511

PRICE ACCEPTANCE Customer's Signature

CASH CHEQUE CARD

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING



ROLLER BLINDS

Order Form

Company / Shop
BAILEYS - S'MOOR

Sales Rep
S HAIN H

Customer Name
T HOMPSON

Date
15-01-25

Order Reference
357817

Special Instructions

BLIND SIZE & SYSTEM										CONTROLS					OPTIONS				
Loss ation	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	GMI Safety restriction Height (mm)	System slat/wall/ Bentlith	Fabric Range	Fabric Colour	Operation		Cassette Type & Colour	Control Type & Colour	Roll	Finish	Bottom Bar Cups	Bottom Bar	Bottom Bar End Cups		
1	BATTN 1109	980	1/K		2300	32	BELLA	TIFFANY	R	LHS (v)		NO	CHARGE	STD	SHAPE	1			
2																			
3															STRAIGHT				
4															PABAC				
5															WRAP				
6																			
7																			
8																			

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

FITTING NOTES: