



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 **ADULT HEALTH SERVICES**

Address **CLARENCE COURT
SPENNYMOOR**

Post Code **DL16 7UH**

Tel. home	
Tel. work	
mobile	07386 650 213
email	KEELAN SOUTHERN

DATE
MEASURED/ORDERED
29 / 01 / 25

Measured By:
**SHAUN
HANLEY**

Go Ahead
20/03/25 S357886

SPECIAL INSTRUCTIONS
EMAX & RWR

0N104073

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

CURTAINS		
PLEATED		
ROLLERS		
ROMANS		
SHUTTERS		
VENETIAN		
VERTICALS		
VISION		
WOODEN		

Fitted By	DATE	DAY	AM	PM

alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top / face
								1/R			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
KIT	856	1100	1/RW	ROLLER UNI COLOUR WHITE SHAPE 1 STRAIGHT MOTOR (R) WITH SONY 28 RTS MOTOR ROLL UP 1x CHARGER 1x SINGLE CHANNEL REMOTE CONTROL			

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 14/03/25

TOTAL PRICE	£ 338.20
DEPOSIT	£ 338.20
BALANCE	£ NIL

Commercial
PRICE ACCEPTANCE Customer's Signature

Bates RB

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



MOTORIZED ROLLER BLINDS

Order Form

Company / Shops BAILLIE S MOOR	Sales Rep SHAUN H	Date 20.03.25	Special Instructions
Customer Name ADULT HEALTH SERVICES	Order Reference 357886		

Loc-ation	BLIND SIZE & SYSTEM							CONTROLS					OPTIONS			
	Width (mm)	Drop (mm)	Recess (v)	Exact (v)	Child Safety Installation Height (mm)	System 32/40/45/Bentlin	Fabric Range	Fabric Colour	Motor Type	Remote Control	Side RH/LH	Cassette Type & Colour	Roll	Finish	Bottom Bar	Bottom Bar End Caps
1	KIT 856	1100	1/2		2500	40	UNICOLOUR	WHITE	SONFY	STUO1	RH	NO	STD	SHAPE 1		
2									28 ATS	ATS				STRAIGHT		
3									ROLL UP	ROLL				FABRIC		
4														WRAP		
5																
6																
7																
8																

MOTOR EXTRAS / ACCESSORIES / NOTES: **1x CHARGER**

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

FITTING NOTES: