

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 **ADULT HEALTH SERVICES**

Address **CLARENCE COURT
SPENNYMOOR**

Post Code **DL16 7UH**

Tel. home	
Tel. work	03009 265 668
mobile	TINA WALLACE
email	

DATE
MEASURED/ORDERED
29 / 01 / 25

Measured By:
SHAUN HANLEY

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	
VERTICALS	
VISION	
WOODEN	

Go AHEAD
07/02/25 S357887

SPECIAL INSTRUCTIONS

EMAIL Q

emma.smith@durham.gov.uk

09104074

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

Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
OFFICE	848	1175	25	VENETIAN 0150 (A)	STD	2300	
OFFICE L	1030	1253	3 1/2	VERTICAL UNI COLOUR WHITE	LL	2400	
OFFICE R	1100	1253	3 1/2	WELDED WTS	RR	"	

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 **£615.59**

Commercial

PRICE ACCEPTANCE Customer's Signature

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

DEPOSIT **£** —

BALANCE **£** —

CASH	CHEQUE	CARD
------	--------	------

Registered No.: 02814869

BBSA
BRITISH BLIND & SHUTTER ASSOCIATION

VERTICAL BLINDS

Order Form

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

Sales Rep: **SHAUN H**
 Customer Name: **ADULT HEALTH SERVICES**

Date: **07-02-08**
 Order Reference: **357887**

Special Instructions:

BLIND SIZE & SYSTEM

Loc-ation	Width (mm)	Drop (mm)	Access (✓)	Exact (✓)	Child Safety Installation Height (mm)	Slat Size	Fabric Range	Fabric Colour	Slat only (✓)	CONTROLS			OPTIONS						
										Control Side	Control Side	Control Side	Wind Control	Headrail Colour	Fitting Brackets	Weight & Chaired			
										RTS (✓)	LHS (✓)	LHS (✓)	LHS (✓)	SP17 (✓)					
1 OFFICE	1030	1253	1/2		2400	89	UNI COLOUR	WHITE			L	L			No	White Top	No	No	
2	1100	1253	1/2		"	"	---	---		R	R				"	"	No	No	
3																			
4																			
5																			
6																			
7																			
8																			

NOTE: UNLESS OTHERWISE STATED ALL MEASUREMENTS WILL BE IN FABRIC AS NECESSARY AND ALL OPTIONS WILL BE DEFAULT.

FITTING NOTES: