



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 **SKINNER**

Address **20 SINDERBY CLOSE**

**WHITEBRIDGE PARK**

**GOSFORTH Post Code NE355B**

Tel. home	
Tel. work	
mobile	<b>07724 787750</b>
email	

DATE MEASURED/ORDERED	<b>1 15 125</b>
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Measured By:	<b>DAVE</b>
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**SPECIAL INSTRUCTIONS**

**Fit ASAP PLEASE**

**0N104774**

**G358990**

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

CURTAINS	
PLEATED	
ROLLERS	
ROMANS	
SHUTTERS	
VENETIAN	<b>2x PINT</b>
VERTICALS	
VISION	
WOODEN	

Fitted By	DATE	DAY	AM	PM
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alum	anthracite	black	brown	champ-gold	chrome	silver	white	recess size	motorised	wood fix	stone fix	brackets top	face
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Room	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
Door ①	647	1755	25	0204(A)	Black 1/2	L WHITE TENSION	295.00
→ ②	647	1755	→	→	20 TA	→	298.00
<b>TOTAL</b>							<b>£590.00</b>
<b>30% Disc</b>							<b>£178.00</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 **£412.00**

DEPOSIT **£412.00**

BALANCE **PAID IN FULL**

**PO 0105 BAI STRIPE**  
PRICE ACCEPTANCE Customer's Signature

*K. J. Skinner*

CASH	CHEQUE	CARD	<input checked="" type="checkbox"/>
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**ALL BLINDS TO BE PAID FOR AT TIME OF FITTING**



# PERFECT FIT VENETIAN BLIND

## Order Form

Company / Shop: **FRILLERS** / **1956 17th**

Sales Rep: **DAVE**

Customer Name: **SKINNER**

Date: **11/5/25**

Order Reference: **358990**

Special Instructions

### BLIND SIZE & SYSTEM

Location	Width (mm)	Drop (mm)	Frame Colour	Bracket size	System Type	Slat Colour Code	CONTROLS			OPTIONS				
							Tension	Type	Cord	Control Side	Cut Outs	Backing Foam	Handle Spacer 2mm / 6mm	
1	647	1755	WHITE	20		0204(A)	✓			L				
2	647	1755		4			✓			R				
3														
4														
5														
6														
7														
8														

NOTE: UNLESS OTHERWISE STATED ALL OPTIONS WILL BE DEFAULT. ONLY GLASS MEASUREMENTS REQUIRED.

FITTING NOTES: