

Baileys Blinds

313527

CUSTOMER ORDER No.

34 HIGH STREET, SPENNYMOOR,
DURHAM DL16 6DB

TEL: 01388 813267 or 0191 258 5956

sales@baileys-blinds.co.uk

www.baileys-blinds.co.uk

DATE MEASURED/ORDERED
11 / 01 / 16

VAT Reg. No. 607 6561 34

SPECIAL INSTRUCTIONS

R.W.R.

Customer's Name TURLEY

Address 7, HILL CLOSE AVENUE
DARLINGTON. DL3 8BH

PHONE No. home 461 885
work
mobile
fax

VENETIAN	
ROLLERS	
VERTICALS	
PLEATED	

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Room	No.	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
KIT	1	2330	1157 1/2 RT	25	7055	S	2450	£120
B/BR	24	1425	EX 5		TRIBUNE WHITE (LOUVRE)	* FILE *		£108

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.

PLEASE NOTE THAT WHEN SLATS ONLY ARE SUPPLIED TO EXISTING HEADRAIL, THIS IS DONE AT CUSTOMERS OWN RISK. BAILEYS BLINDS CANNOT BE HELD RESPONSIBLE FOR BREAKAGE WHICH MAY HAVE BECOME BRITTLE WITH AGE.

I have ordered the above goods and agree to pay the amount shown in full at the time 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 £ 120

PRICE ACCEPTANCE Customer's Signature

Measured By:

82050 dc DEPOSIT £ 30

BALANCE £ 90

[Handwritten Signature]
11/2/16 RWR x Turley

SHAUN HANLEY

194984



Child Safety Compliance Acknowledgement

I acknowledge and confirm that:

1. I am aware that my blind(s) contain a safety device which is designed to help to prevent accidental strangulation of young children
2. It has been explained to me how this safety device(s) work(s)
3. I have been given written instructions relating to the use of my blind(s)
4. The warning notices have been left on the blind(s)
5. To the extent that I have had opportunity to inspect and operate them, the blind(s) and safety device(s) work to my satisfaction.

Your name (CAPITALS):

D. TURLEY

Signature:

D. Turley

Date:

If customer unable or unwilling to sign use this version:

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3. I have been given written instructions relating to the use of my blind(s)
4. The warning notices have been left on the blind(s)
5. To the extent that I have had opportunity to inspect and operate them, the blind(s) and safety device(s) work to my satisfaction.

Your name (CAPITALS):

Date:

Signature:

Customer unable (or unwilling) to sign this satisfaction note. However, I confirm that the blind(s) have been manufactured and installed in compliance with the child safety requirements of EN 13120.

Your name (CAPITALS):

Date:

Signature: