

Baileys Blinds

313574

CUSTOMER ORDER No.

34 HIGH STREET, SPENNYMOOR, DURHAM DL16 6DB

DATE MEASURED/ORDERED
20 / 01 / 16

SPECIAL INSTRUCTIONS

R.W.R - URGENT ORDER

TEL: 01388 813267 or 0191 258 5956

sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

VAT Reg. No. 607 6561 34

Customer's Name TINDAL

Address 26, WOODFIELD HILL
CROOK DL15 9NU

PHONE No. home work mobile fax

07875 030892

VENETIAN X 9 Wood
ROLLERS
VERTICALS X 2
PLEATED

3.5 / CHRONIC
2.5 / POLY
CORNER PIECES

ALL BLINDS TO BE PAID FOR AT TIME OF FITTING

Room	No.	Width	Drop	Slat Size	Colour	Control LH or RH	Fitting Height	Price
DIN	1	176 0	1140 1/2T	50		RR	2350	209
REAR PATIO	1	168 5	2075 1/2T		1725 PEL EX	LL	"	288
KIT	1	115 7	1001 1/2T		SUNWOOD	RR	2550	139
FRONT L	1	520	1143 1/2T		IVORY	LL	2400	67
BED M	1	181 6	1146 1/2T			RR		209
BAY R	1	522	1145 1/2T			RR		67
P/BED L	1	113 7	1138 1/2T			RR		139
FR R	1	175 2	1137 1/2T			LL		209
SIDEBED	1	116 0	1144 1/2T			RR		139
			2050					
REAR L	1	292 0	2053 1/2T	3 1/2	ARGENT	L/L	2300	228
LIV R	1	228 0	2053 1/2T	3 1/2	WHITE	R/R	"	180
			2050					
					P/M HILLNETS		L1200	L1396

WOOD VEN

LB3
"

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.

010023
c/c

TOTAL PRICE £ 1200
DEPOSIT £ 300
BALANCE £ 900

PRICE ACCEPTANCE Customer's Signature
Tindal
CARD 552374 FBI
Tindal

Measured By:
SHAUN HANLEY
1/2/16



DECORA SUNWOOD
 BAILEYS BLINDS
 34 HIGH STREET
 SPENNYMOOR
 DL16 6DB
 TEL: 01388 813267
 BAILEYS BLINDS

ORDER DATE 21/1/16 REQUIRED: ASAP
 ORDER REF 313574

QTY	SLAT SIZE	SLAT COLOUR	WIDTH	DROP	RECESS/ EXACT	CONTROLS
1	50	IVORY	1760	1140	REC	RR
1	50	IVORY	1685	2075	REC	LL
1	50	IVORY	1157	1001	REC	RR
1	50	IVORY	520	1143	REC	LL
1	50	IVORY	1816	1146	REC	RR
1	50	IVORY	522	1145	REC	RR
1	50	IVORY	1137	1138	REC	RR
1	50	IVORY	1752	1137	REC	LL
1	50	IVORY	1160	1144	REC	RR
		BLIND 2 PELMET 1725 EXACT NO RETURNS				
		NO RETURNS ON OTHER BLINDS				
		F/HEIGHTS BLINDS 1 + 2 2350				
		BLIND 3 2550				
		BLINDS 4,5,6,7,8,9 2400				

35mm NEO MIX & MATCH POLES

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STAINLESS STEEL EFFECT
WITH CORNER JOINT & PASSEOVER BKTS
& C RINGS

ONLY AVAILABLE IN STAINLESS STEEL
EFFECT

COST £512 inc VAT
& FITTING



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): LIN TINDAL
 Signature: L Tindal Date: 1/2/16

If customer unable or unwilling to sign use this version:

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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
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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):
 Signature: Date:

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):
 Signature: Date: