

Baileys Blinds

00531 March
313634

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

01/02/16

VAT Reg. No. 607 6561 34

SPECIAL INSTRUCTIONS

R.W.R

* URGENT ORDER *

Customer's Name HANNAH

Address 14, MURRAYFIELD DRIVE,

BRANDON, DH7 8TG

PHONE No.	home	0191 3783416
	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
					SMD ART DECO COLLECTION EVERGLADE CHERRY (23.5)			
B/BED	1	260 0	1420		CAMELLIA RED B/OUT LINING PENCIL PLOT			310.00
	PR 2W							
Track	---	260 0			BAILOS WHITE CTD TRACK			60.00
133	---	1 235 8	1148	1/2 AT 3/2	ACACIA BARLET	R/S	2300	140.00
								£510

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 £ 510

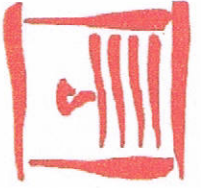
808959
c/c DEPOSIT £ 1000 510

BALANCE £ 510 NIL

PRICE ACCEPTANCE Customer's Signature

Measured By:

SHAUN MANLEY



Curtain Fax Back Order form

Delivery Address:

BAILEYS - SPENMOOR

Date: 01-02-16

Date Required:

HANNAH
313634

email: spennymoor@baileys-blinds.co.uk

see THIS 18/2/16.

Curtain Ref	Single / Pair	No of Widths	Drop	Fabric Range & Colour (Also code if applicable eg. PR5111)	Fabric Supplier	Pattern repeat	Heading Type (Pinched Pleat, Double Pleat, Goblet, Standard)	Headed Size (For Pinched Pleat, Double Pleat and Goblet Headings)	Hook Position (Top / Middle / Bottom)	Lined / B/Out / Unlined	Lining Colour	Eyelet / Ring Colour (if req'd)	Tiebacks (YES / NO)	D/Ring and hook colour
1	PAIR	↓	1420	EVERGLADE	SMO	23.5	PENCIL			B/OUT	STD	NO	NO	NO
		WIDTH OF TRACK	2600	OPERA	ART DESO COLLECTION									

Special Instructions:

Qty	Supplier	Width	Fitting Height	Pole or track description (Curtain Track / Cubicle Track / 1080 g)	Part Code	Brackets req?	Extras required (Hanger Rods / Fixing Kits etc)
		2600		BAILEYS WHITE METAL TRACK			

Special Instructions:

Please state how curtains have been measured i.e from top of pole or from top to bottom of curtain.

If Matching tiebacks are required, please state which colour of "D" ring required or if any piping required in the special instructions box.

****Fitting height MUST be supplied for all tracks requiring cord or chain operating systems. If not supplied then cords/chains will be made as follows - Drop <2.5m Cord will be up to 1m long - Drop >2.5m Cord will be up to 1.5m long - This could result in you supplying a non-compliant product



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): J.P. HANNAH
 Signature: [Handwritten Signature] Date: 17-2-16

If customer unable or unwilling to sign use this version:

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):
 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: