# Baileys Blinds

34 HIGH STREET, SPENNYMOOR,
DURHAM DL16 6DB
**TEL: 01388 813267** or **0191 258 5956**
sales@baileys-blinds.co.uk
www.baileys-blinds.co.uk

314249

**CUSTOMER ORDER No.** A5

| DATE MEASURED/ORDERED |
|---|
| 30/3 1/6 |

VAT Reg. No. 607 6561 34

**SPECIAL INSTRUCTIONS**

Customer's Name MRS McKAY

Address 41 WHITECROFT ROAD
KILLINGWORTH - NE12 6ET

PHONE No.

| | |
|---|---|
| home | 07443366208 |
| work | |
| mobile | |
| fax | |

| | | |
|---|---|---|
| VENETIAN | | |
| ROLLERS | / | 2 |
| 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 | 1M | 47 | 7/8 | 39 | – | | GEMINI ARTIC | R | 90 | |
| UTILITY | 1R | 35 | – | 39 | – | | BLOCKS | R | 90 | |
| | | | | | | | N/S/B | | | |
| | | | | | | | SILVER CHAIN T END | | CAP | |

00651P

**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** £ 140–

**DEPOSIT** £ 40 B/C

**BALANCE** £ 100

2/4/16 card.

**PRICE ACCEPTANCE** Customer's Signature

**Measured By:**

# Gosforth

**Roller Blind Order Form**

Fax No.

Date: 30/3/16 Date Re: 7-4-16

Contact name: McKAY

Customer Order No: 314249

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| No. | Fabric | Colour | W | D | Rec | Con | Fix | Scallop | Pole | Braid |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | GEMINI | ARTIC | 1216 | 990 | R | R | T | 1 | 2286 | |
| 1 | — | BLUES | 890 | 990 | R | R | T | 1 | 2286 | |

Special Instructions: NO SEW BAR
SILVER CHAIN + END CAP

TRANSMISSION VERIFICATION REPORT

TIME : 29/03/2016 06:25
NAME : SPENNYMOOR
FAX : 01388814895
TEL :

| | |
|---|---|
| DATE,TIME | 29/03 06:24 |
| FAX NO./NAME | RAINBOW |
| DURATION | 00:00:42 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD |
| | ECM |

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03/01/2009 00:16 128001912841464

Gosforth

Fax No.
Date Re: 7-4-16

**Roller Blind Order Form**

Date: 30/3/16
Contact name: McKAY
Customer Order No: 314249

Page ___ of ___

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