

LEHAMPTON BLINDS

CUSTOMER NAME: *COLIN MILLARD*

ADDRESS: *62 Roundstone Crescent
BN16 1DQ*

PHONE:
EMAIL:

LOCATION: *SUN ROOM* BLIND TYPE: *VERT.*
BRACKET TYPE: *LEFT* FABRIC: *Tree Bark*
SIZE: *(R)* (B) (G) *TOP* CNTL/DRW: *WHITE (C)*

LOCATION: BLIND TYPE:
BRACKET TYPE: FABRIC:
SIZE: (R) (B) (G) CNTL/DRW:

*LEFT STACK
R/H CONTROLS
GRAVITY WEIGHTS
CONT / CHAIN*



W: *2360* D: *1446* INSTALL: *2050*

W: D: INSTALL:

LOCATION: *SUN ROOM* BLIND TYPE: *VERT.*
BRACKET TYPE: *RIGHT* FABRIC: *Tree Bark*
SIZE: *(R)* (B) (G) *TOP* CNTL/DRW: *WHITE (C)*

LOCATION: BLIND TYPE:
BRACKET TYPE: FABRIC:
SIZE: (R) (B) (G) CNTL/DRW:

*RIGHT STACK
L/H CONTROLS
GRAVITY WEIGHTS
CONT / CHAIN*



W: *2360* D: *1451* INSTALL: *2050*

W: D: INSTALL:

LOCATION: BLIND TYPE:

LOCATION: BLIND TYPE: