

# LITTLEHAMPTON BLINDS

CUSTOMER NAME: *KATHERINE KING.*

ADDRESS: *35 LANSDOWNE ROAD  
BASIL 6JG*

PHONE:  
EMAIL:

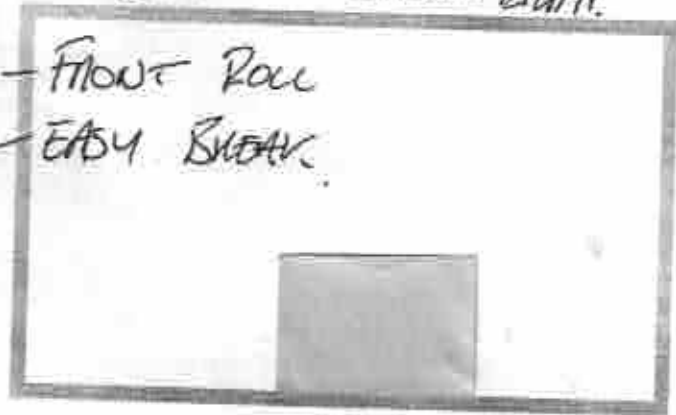
LOCATION: *KIT*  
BRACKET TYPE:  
SIZE: (R)  (B) (G)

BLIND TYPE: *ROLLED*  
FABRIC: *POLARIS CLEAR WHITE (A)*  
CNTL/DRW: *WHITE.*

LOCATION:  
BRACKET TYPE:  
SIZE: (R) (B) (G)

BLIND TYPE:  
FABRIC:  
CNTL/DRW:

*- FRONT ROLL  
- EASY BREAK.*



W: *1680* D: *1260* INSTALL: *2020.*

W: D: INSTALL:

LOCATION:

BLIND TYPE: