

# LEHAMPTON BLINDS

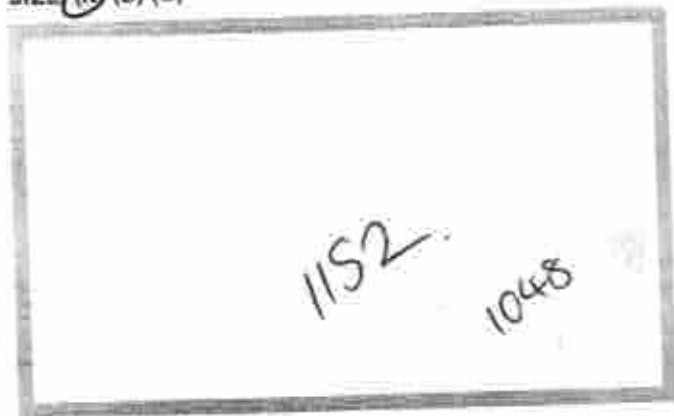
CUSTOMER NAME: *Moir.*

ADDRESS: *25 UPTON ROAD  
WORTHING*

PHONE:  
EMAIL:

LOCATION: *BED 2*  
BRACKET TYPE: *TOP*  
SIZE:  (R) (B) (G)

BLIND TYPE: *SOON WOOD*  
FABRIC:  
CNTL/DRW:



W: *2317* D: *1190*

INSTALL: *2040*

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

BLIND TYPE:  
FABRIC:  
CNTL/DRW:

*9704 - HELMING BONE TAPE  
8325 WOOD SOON  
(AS PER BED 1)*

W:

D:

INSTALL:

*Note*

BLIND TYPE: