

LEHAMPTON BLINDS

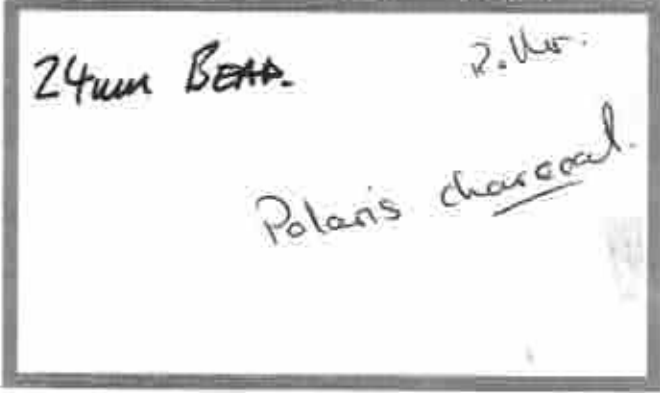
CUSTOMER NAME: SHAWN TAYLOR

ADDRESS: 8 HUGHES CLOSE  
B. REGIS PO21 5RU

PHONE: 07575 065699  
EMAIL:

LOCATION: *Willy door.* BLIND TYPE: *R-Fit.*  
BRACKET TYPE: FABRIC:  
SIZE: (R) (B) (G) CNTL/DRW: *LEFT*

LOCATION: *Willy front* BLIND TYPE: *Vert.*  
BRACKET TYPE: *TOP* FABRIC:  
SIZE: *(B)* (B) (G) CNTL/DRW: *LEFT.*



W: *535* D: *1025* INSTALL:

W: *1180* D: *698* INSTALL: *1840*

LOCATION: *B2.* BLIND TYPE: *Roller.*  
BRACKET TYPE: *TOP* FABRIC:  
SIZE: *(B)* (B) (G) CNTL/DRW:

LOCATION: *B1* BLIND TYPE: *Roller.*  
BRACKET TYPE: *TOP* FABRIC:  
SIZE: *(R)* (B) (G) CNTL/DRW:



W: *1777* D: *1190* INSTALL: *2070*

W: *1775* D: *1198* INSTALL: *2030.*

LOCATION: BLIND TYPE:  
BRACKET TYPE: FABRIC:

LOCATION: BLIND TYPE:  
BRACKET TYPE: FABRIC: