

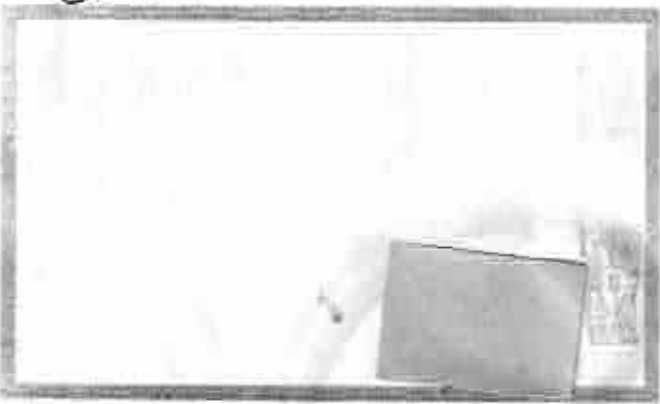
LEHAMPTON BLINDS

CUSTOMER NAME: *DAVID TICKNER.*

ADDRESS: *118 ARUNDEL ROAD
BN16 2PA.*

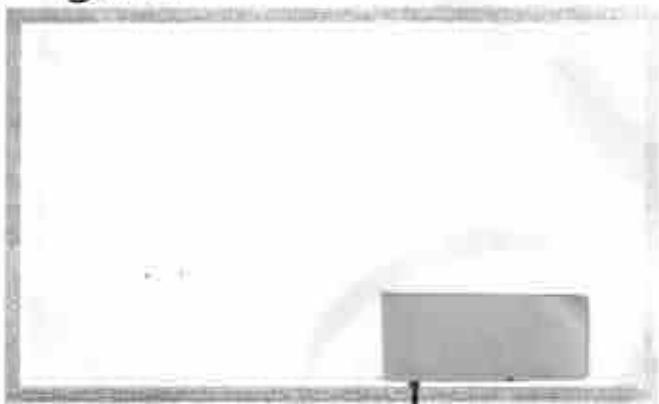
PHONE:
EMAIL:

LOCATION: *Lounge front* BLIND TYPE: *50mm Wood*
BRACKET TYPE: *Top* FABRIC:
SIZE: *(R)* (B) (G) CNTL/DRW:



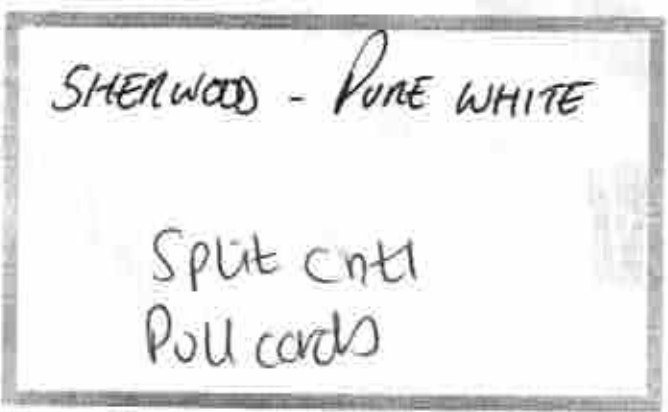
W: *2351* D: *1340* INSTALL: *2100*

LOCATION: *Lounge side* BLIND TYPE: *50mm Wood*
BRACKET TYPE: *Top* FABRIC:
SIZE: *(R)* (B) (G) CNTL/DRW:



W: *2356* D: *580* INSTALL: *2090*

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



W: D: INSTALL:

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



W: D: INSTALL: