

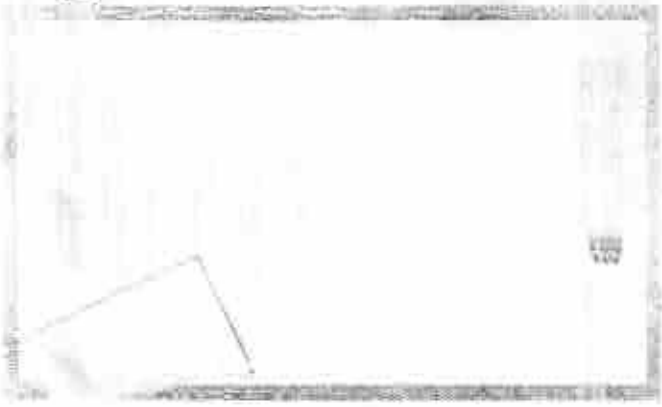
TLEHAMPTON BLINDS

CUSTOMER NAME: *SUSAN MATTHEWS*

ADDRESS: *40 MANING ROAD*
SUIT 7HT.

PHONE:
EMAIL:

LOCATION: *BACK BED* BLIND TYPE: *6*
BRACKET TYPE: FABRIC:
SIZE: *(R)* (B) (G) CNTL/DRW:



W: *1202* D: *1031* INSTALL: *1990*

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



W: *411* D: *1038* INSTALL: *1990*

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

ALL SOME FAUX
ESSENCE (GLOW WHITE)(A)

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

