

# LEHAMPTON BLINDS

CUSTOMER NAME:

Mareen Hall

ADDRESS:

PHONE:

EMAIL:

LOCATION: Kitchen

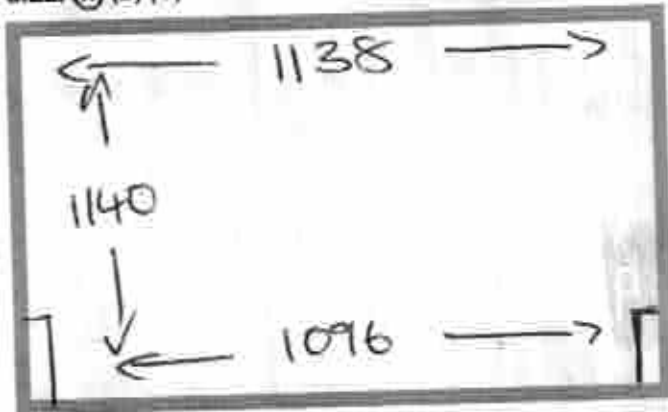
BLIND TYPE: ?

BRACKET TYPE: Top

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL: 2089

LOCATION:

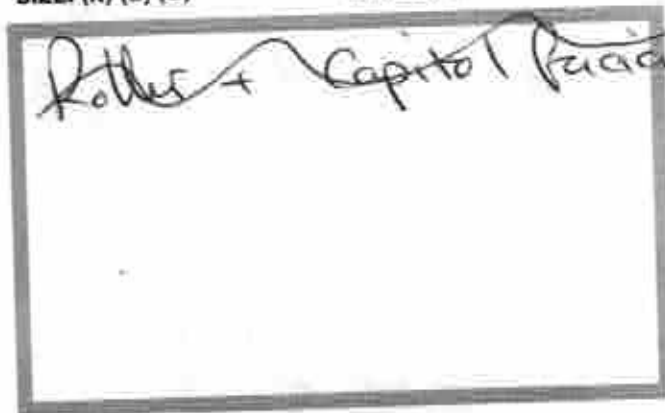
BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL:

LOCATION:

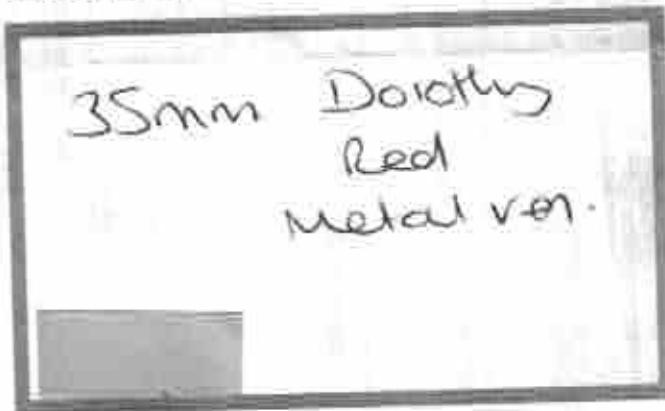
BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



LOCATION:

BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:

