

**LEHAMPTON BLINDS**

**CUSTOMER NAME:**

AMANDA DOUGLAS

**ADDRESS:** 4 VERMONT DRIVE  
BRIK 150

**PHONE:**  
**EMAIL:**

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



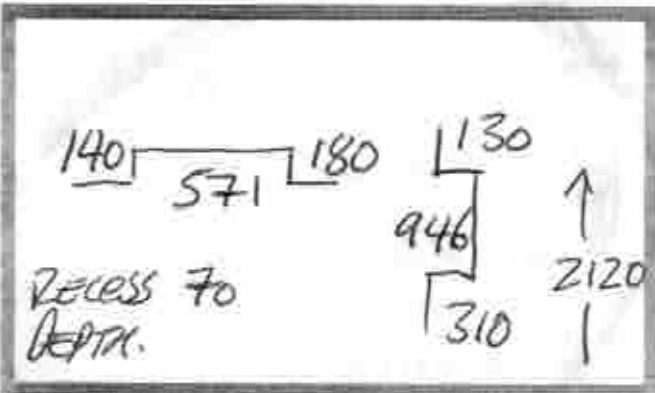
W: 576 D: 965 INSTALL: 2000

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



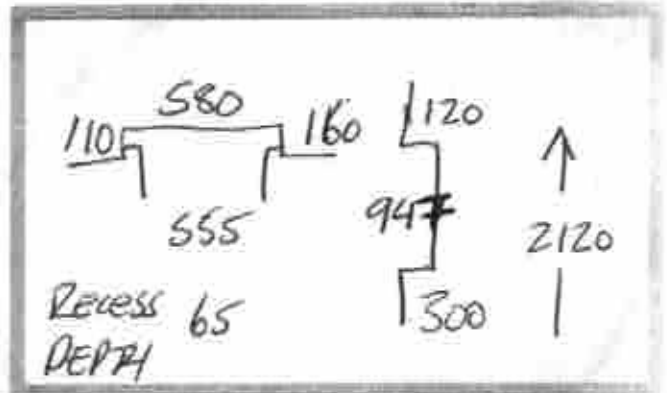
W: 1140 D: 975 INSTALL: 2060

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



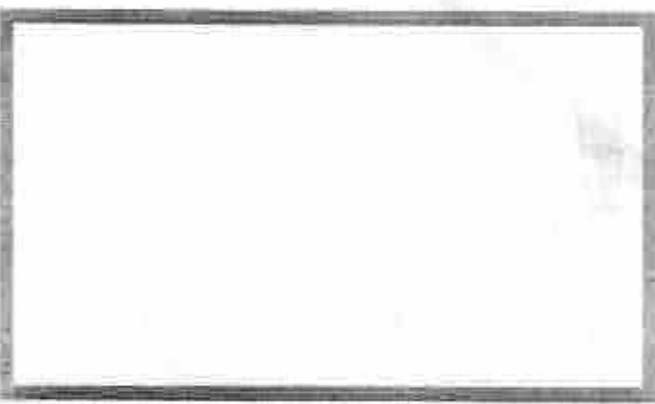
W: D: INSTALL:

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



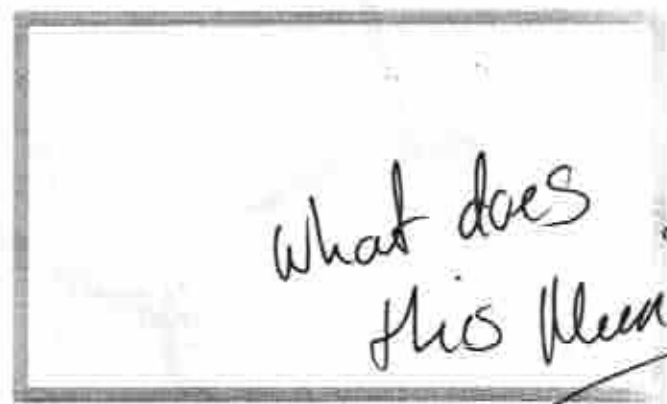
W: D: INSTALL:

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



W: 1020 D: 1220 INSTALL: 2200

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



W: D: INSTALL: