

WILMINGTON BLINDS

CUSTOMER NAME: *SUE STEWNS*

ADDRESS: *41 LUSTON AVE - BOX 2AN*

PHONE:
EMAIL:

LOCATION: *Study*

BLIND TYPE: *FAUX*

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:

LOCATION:

BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:

*Measurements added to
BM + child safety added
please check prior to
ordering*

Ty

W: *1784*

D: *1190*

INSTALL: *2010*

W:

D:

INSTALL:

LOCATION:

BLIND TYPE:

LOCATION:

BLIND TYPE: