

# TITTLEHAMPTON BLINDS

CUSTOMER NAME:

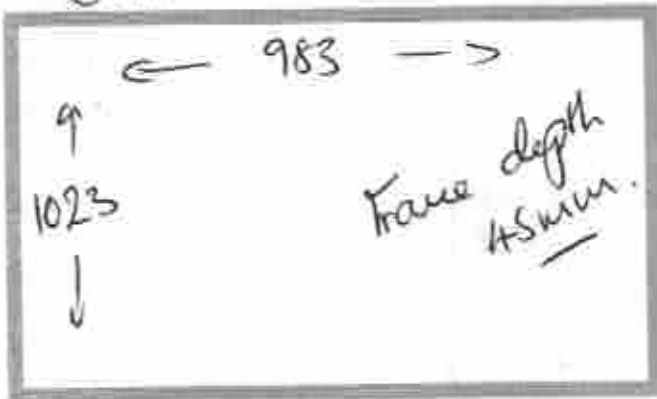
*Kunal*

ADDRESS:

PHONE:

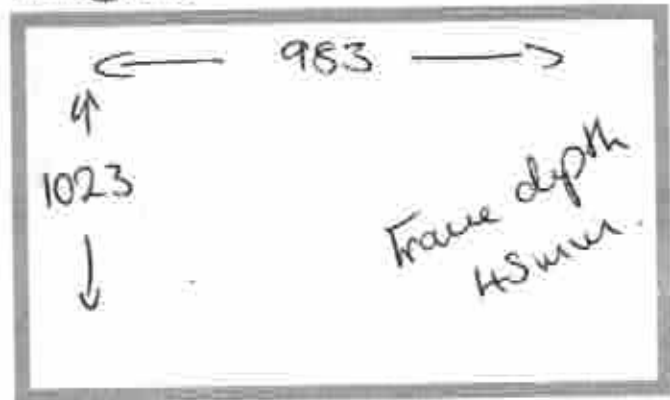
EMAIL:

LOCATION: *Office N*      BLIND TYPE: *Plated*  
BRACKET TYPE: *TOP*      FABRIC: *sky light*  
SIZE: (R) (B) (G)      CNTL/DRW:



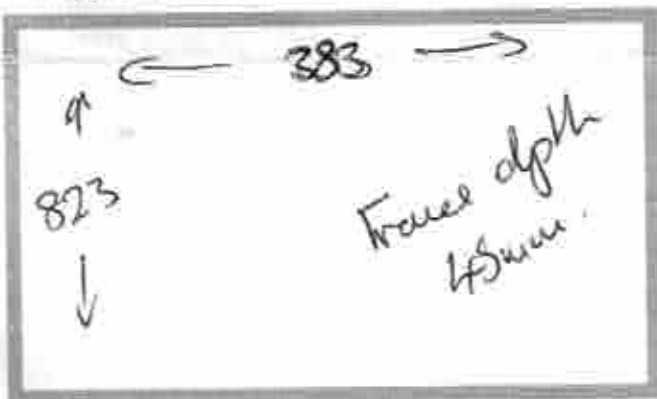
W:                  D:                  INSTALL:

LOCATION: *Office S*      BLIND TYPE: *Plated*  
BRACKET TYPE: *TOP*      FABRIC: *sky light*  
SIZE: (R) (B) (G)      CNTL/DRW:



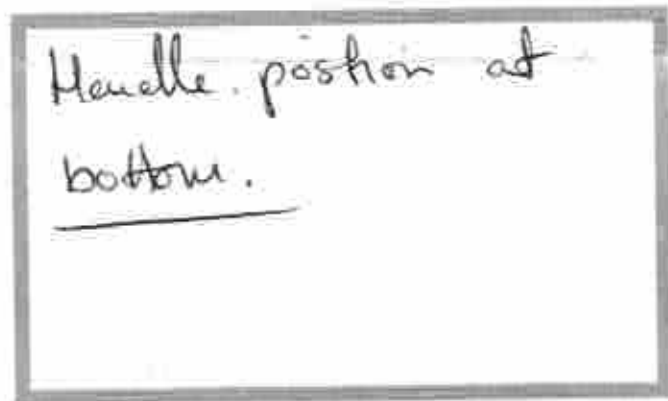
W:                  D:                  INSTALL:

LOCATION: *handle*      BLIND TYPE: *Plated*  
BRACKET TYPE: *TOP*      FABRIC: *sky light*  
SIZE: (R) (B) (G)      CNTL/DRW:



W:                  D:                  INSTALL:

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



W:                  D:                  INSTALL: