

HAMPTON BLINDS

CUSTOMER NAME: *Jayne Watson*

ADDRESS:

PHONE:
EMAIL:

LOCATION:

BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:

LOCATION:

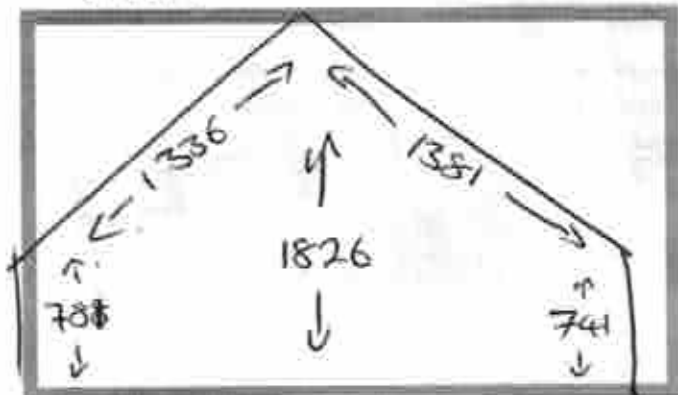
BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



*Not stopping 2nd
Being Day light fabric.
Wand control.
R. weights.*

W:

D:

INSTALL:

W:

D:

INSTALL:

LOCATION:

LOCATION:

BLIND TYPE: