

LEHAMPTON BLINDS

CUSTOMER NAME:

Pryke

ADDRESS:

PHONE:

EMAIL:

LOCATION: *Top Bed*

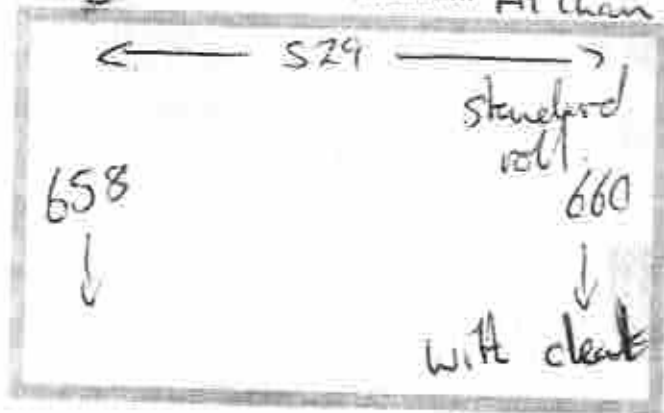
BLIND TYPE: *Roller*

BRACKET TYPE: *Face*

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW: *RH Chain*



W:

D:

INSTALL: *1778*

LOCATION: *1st Bed*

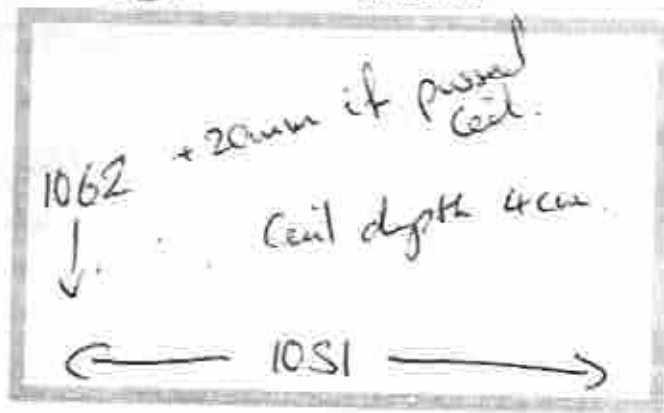
BLIND TYPE: *Horizontal*

BRACKET TYPE: *Face*

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL: