

# LITTLEHAMPTON BLINDS

CUSTOMER NAME:

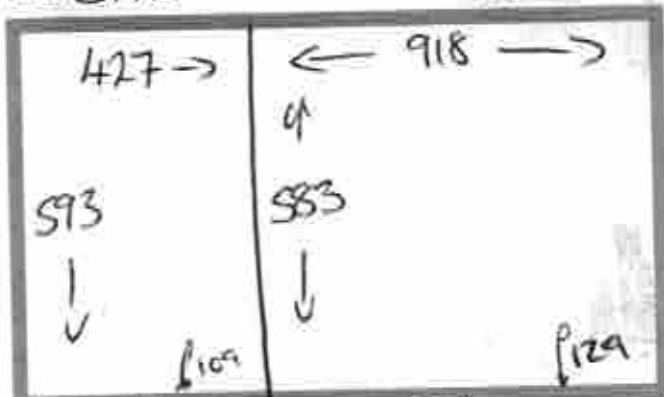
Faint

ADDRESS:

PHONE:

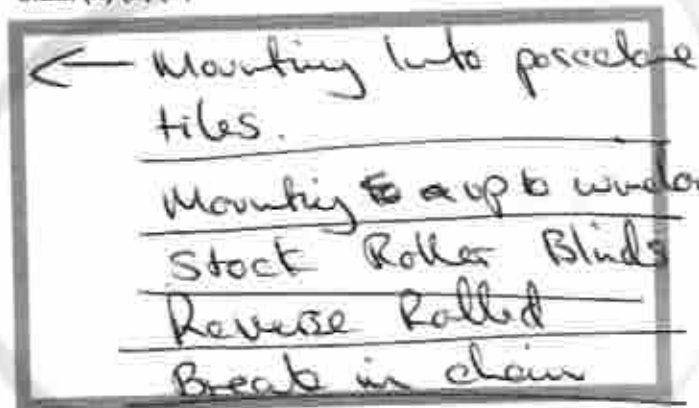
EMAIL:

LOCATION: Bedroom      BLIND TYPE: Roller  
 BRACKET TYPE: Top      FABRIC:  
 SIZE: (R)(B)(G)      CNTL/DRW: RH Break



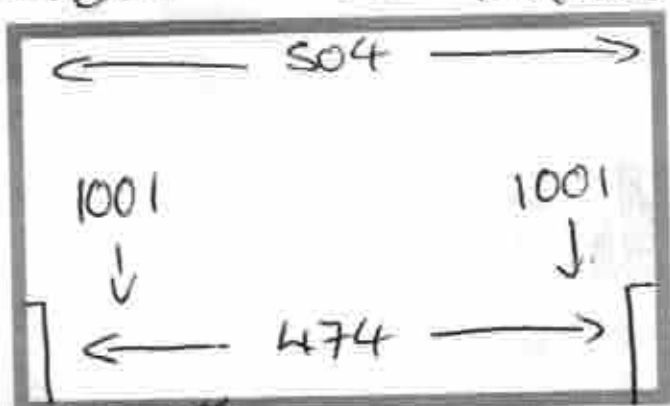
W:      D:      INSTALL: 1915

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



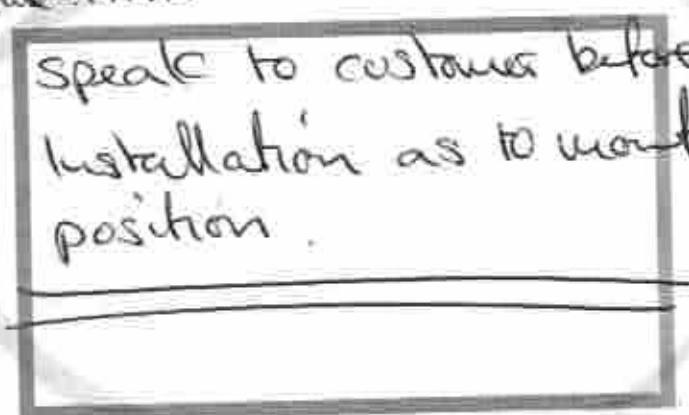
W:      D:      INSTALL:

LOCATION: Ensuite      BLIND TYPE: Castle Roller  
 BRACKET TYPE: Face      FABRIC: R. Rolled  
 SIZE: (R)(B)(G)      CNTL/DRW: LH chain + break



W:      D:      INSTALL: 2034

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



W:      D:      INSTALL:

BLIND TYPE: