

TLEHAMPTON BLINDS

CUSTOMER NAME:

Kate grey

ADDRESS:

PHONE:

EMAIL:

LOCATION: Back Left

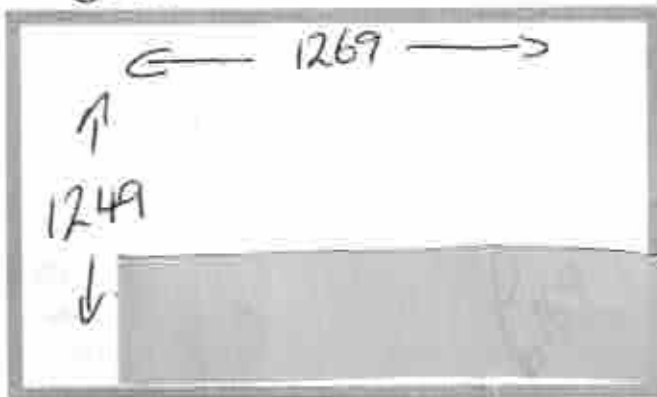
BLIND TYPE: Roman Power

BRACKET TYPE: Top

FABRIC: Cool white

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL:

2099.

LOCATION: Right

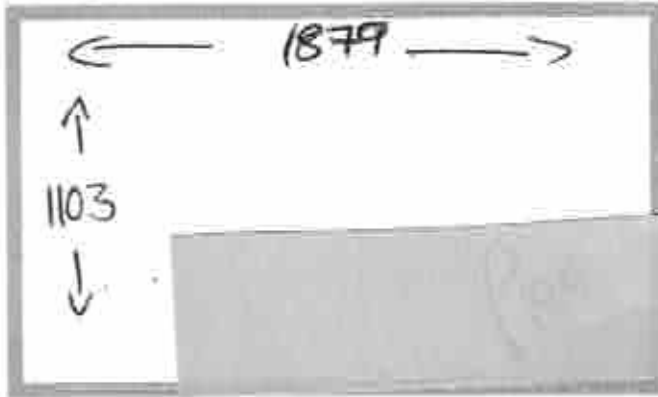
BLIND TYPE: Roman Power

BRACKET TYPE: Top

FABRIC: Cool white

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL:

2099.

LOCATION: M. Back

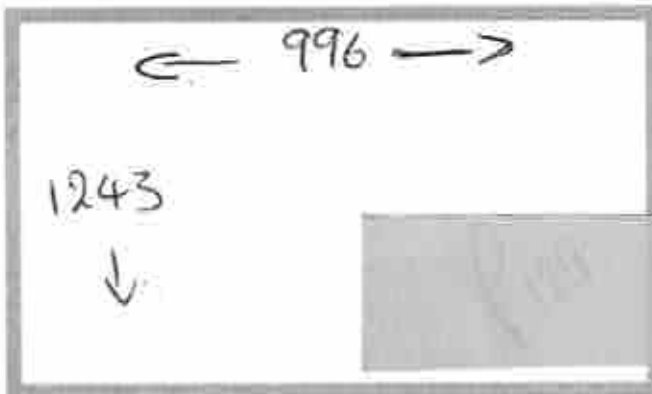
BLIND TYPE: Roman Power

BRACKET TYPE: Top

FABRIC: Cool

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL:

2099.

LOCATION:

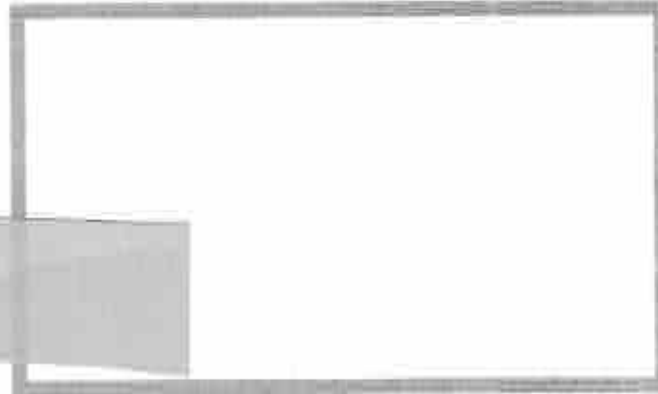
BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



W:

D:

INSTALL: