

BLINDS

LITTLEHAMPTON BLINDS

CUSTOMER NAME: *[Handwritten Name]*

ADDRESS: *16 LINSEEDS WAY
WATSON VIEW MD
R013 LGT*

PHONE: *079 50119723*
EMAIL: *KIRIAN@LITTLEHAMPTONBLINDS.COM*

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

LOCATION: *B1 SIDE* BLIND TYPE: *FAUX*
BRACKET TYPE: FABRIC:
SIZE: *(R) (B) (G)* CNTL/DRW:



W: *1195* D: *1223* INSTALL: *2030*

W: *973* D: *1225* INSTALL: *2030*

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

LOCATION: *B2* BLIND TYPE: *FAUX*
BRACKET TYPE: FABRIC:
SIZE: *(R) (B) (G)* CNTL/DRW:



W: *861* D: *998* INSTALL: *2030*

W: *1194* D: *1215* INSTALL: *2030*

LOCATION: *B3* BLIND TYPE: *FAUX*

LOCATION: BLIND TYPE: