

# LITTLEHAMPTON BLINDS

CUSTOMER NAME:

Wendy Wood

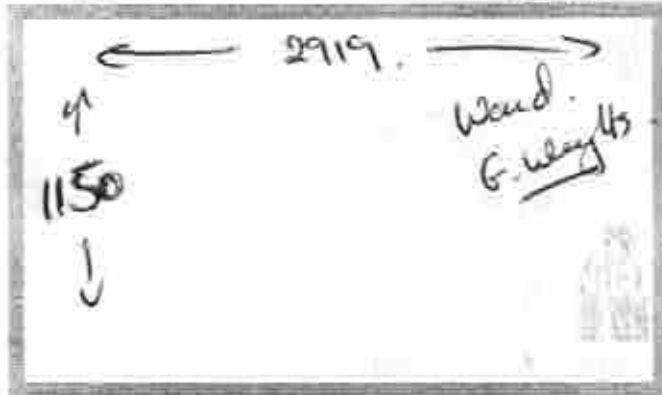
ADDRESS:

PHONE:

EMAIL:

LOCATION: hange  
BRACKET TYPE: Top  
SIZE: (R) (B) (G)

BLIND TYPE: Vert.  
FABRIC:  
CNTL/DRW: ? RH Bruch?



W:

D:

INSTALL: 2028

LOCATION:

BLIND TYPE:

BRACKET TYPE:

SIZE:



W:

LOCATION:

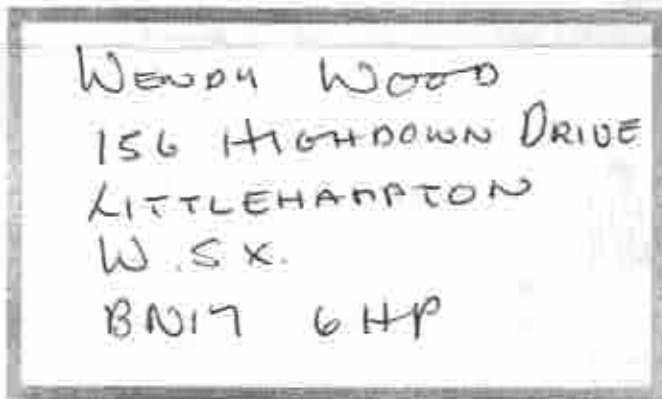
BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:



LOCATION:

BLIND TYPE:

BRACKET TYPE:

FABRIC:

SIZE: (R) (B) (G)

CNTL/DRW:

