

LITTLEHAMPTON BLINDS

CUSTOMER NAME: *CAROL TURNER*

ADDRESS: *6 willow Brook
BWI7 FNL*

PHONE:
EMAIL:

LOCATION: *BEAR BED* BLIND TYPE: *FAUX*
BRACKET TYPE: FABRIC: *SNOW WHITE*
SIZE: *(R)* (B) (G) CNTL/DRW:



W: *1757* D: *1160* INSTALL: *2020*

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



W: *1178* D: *1015* INSTALL: *1990*

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



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

