

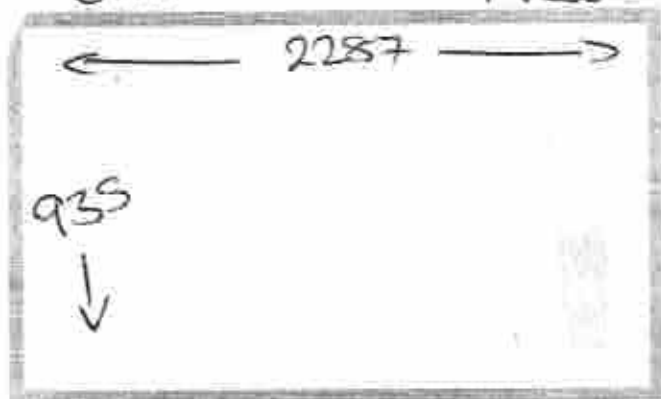
HAMPTON BLINDS

CUSTOMER NAME:

Jenny Johnson

PHONE:

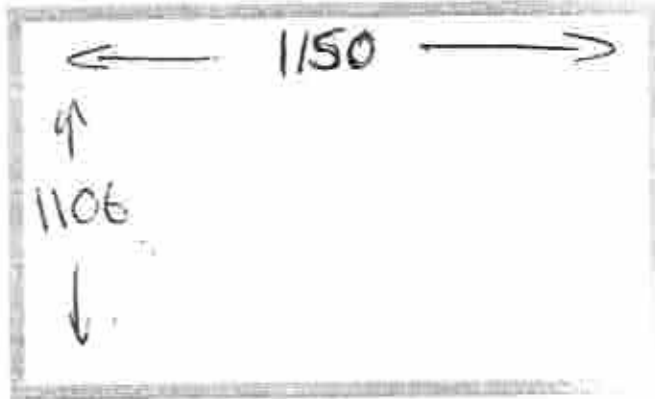
EMAIL:

LOCATION: *Kitchen* BLIND TYPE: *Plantation*BRACKET TYPE: *Top* FABRIC:SIZE: (R) (B) (G) CNTL/DRW: *P. View*

W:

D:

INSTALL:

LOCATION: *Kitchen Side* BLIND TYPE: *Plantation*BRACKET TYPE: *Top* FABRIC:SIZE: (R) (B) (G) CNTL/DRW: *P. View*

W:

D:

INSTALL: