

Date \_\_\_\_\_

Customer \_\_\_\_\_ Telephone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Contact Name \_\_\_\_\_

Job Name / PO Number \_\_\_\_\_ Representative \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Contact Name \_\_\_\_\_

Quote  Order  Residential  Non-Residential  Custom Please Specify

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS TO ENSURE AN ACCURATE QUOTE

**1 Diameter**  Classic 38mm (1 1/2")  Progressive 38mm (1 1/2")  Elemental H45mm (1 3/4")  
 Classic 50mm (2")  Progressive 50mm (2")

**2 Finishes**

<p><b>Classic</b></p> <input type="checkbox"/> Polished <input type="checkbox"/> Polished Brass Tint <input type="checkbox"/> Polished Copper Tint <input type="checkbox"/> Polished Bronze Tint <input type="checkbox"/> Waxed <input type="checkbox"/> Custom _____	<p><b>Progressive</b></p> <input type="checkbox"/> Brushed Stainless <input type="checkbox"/> Cloud (M-S-G) <input type="checkbox"/> Brushed Brass Tint <input type="checkbox"/> Dove (M-S-G) <input type="checkbox"/> Brushed Copper Tint <input type="checkbox"/> Millstone (M-S-G) <input type="checkbox"/> Brushed Bronze Tint <input type="checkbox"/> Slate (M-S-G) <input type="checkbox"/> Brushed Carbon Tint <input type="checkbox"/> Flint (M-S-G)	<p><b>Elemental</b></p> <input type="checkbox"/> Cloud (M-S-G-W) <input type="checkbox"/> Dove (M-S-G-W) <input type="checkbox"/> Millstone (M-S-G-W) <input type="checkbox"/> Slate (M-S-G-W) <input type="checkbox"/> Flint (M-S-G-W)
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**Coat Option**  Matte (M)  Satin (S)  Gloss (G)  Wash on Bamboo (W)

**3 Finials**

<input type="checkbox"/> Classic Stud Quantity _____ <input type="checkbox"/> Classic Large Stud Quantity _____ <input type="checkbox"/> Classic Ball Quantity _____ <input type="checkbox"/> Classic Button Stud Quantity _____	<input type="checkbox"/> Progressive Stud Quantity _____ <input type="checkbox"/> Progressive Disc Quantity _____ <input type="checkbox"/> Progressive Ball Quantity _____ <input type="checkbox"/> Progressive Contrast stud Quantity _____	<input type="checkbox"/> Elemental No Option
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**4 Brackets**

<input type="checkbox"/> Single - Side Quantity _____ Projection <input type="checkbox"/> 100mm (4") <input type="checkbox"/> 160mm (6 5/16") <input type="checkbox"/> Custom _____ <input type="checkbox"/> Double - Side Quantity _____ <input type="checkbox"/> Flush Ceiling Quantity _____ <input type="checkbox"/> Ceiling Quantity _____	<input type="checkbox"/> Single - Mid Quantity _____ <input type="checkbox"/> Double - Mid Quantity _____ <input type="checkbox"/> Flush Ceiling - Joining Quantity _____ <input type="checkbox"/> Ceiling - Joining Quantity _____	<input type="checkbox"/> Single - Joining Quantity _____ <input type="checkbox"/> Double - Joining Quantity _____
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**5 Coverpole Lengths & Information**

**A**  Straight Pole Length \_\_\_\_\_  
 Please give measurements of Pole length only, see diagram A.  
 If this is not possible please follow diagram B.

A preferred option

 Pole Length

B

 Pole & Finial Length

Bay Pole - Please fill in Bay Form

**B Stacking Location** Please specify how the curtain will be stacked.

A

 Single Stack

B

 Pair Stack

**C Gliding Options**

 Rollers  
 Ripplefold® Rollers - 80% Fullness  
 Ripplefold® Rollers - 100% Fullness  
 Ripplefold® Rollers - 120% Fullness

**6 Curtain Information**

**A Total Curtain Weight** \_\_\_\_\_  
 Please fill in questions B-E, if this information is not available

These questions allow us to calculate curtain weight, if not noted above.

<p><b>B Heading</b></p> <input type="checkbox"/> Standard <input type="checkbox"/> Wave <input type="checkbox"/> Ripplefold	<p><b>C Curtain Drop</b> _____</p>	<p><b>E Fabric</b></p> <input type="checkbox"/> Light - Cotton / Linen <input type="checkbox"/> Medium - Cotton / Linen <input type="checkbox"/> Heavy - Velvet / Wool	<p><b>F Lining</b></p> <input type="checkbox"/> None <input type="checkbox"/> Lined <input type="checkbox"/> Interlined
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**7 Motor**

<p><b>A Motor</b></p> <input type="checkbox"/> D105 <input type="checkbox"/> D145 <input type="checkbox"/> D175	<p><b>B Location</b></p> <input type="checkbox"/> Left <input type="checkbox"/> Right	<p><b>C Transformer Required</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>D Control</b></p> <input type="checkbox"/> Standalone (supplied with wireless dongle and pico remote) <input type="checkbox"/> Home automation (complete control by others)
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**8 Order Declaration** I confirm the given information & measurements are correct and on this basis wish to proceed with an ORDER.

Signed \_\_\_\_\_ Date \_\_\_\_\_