

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 30mm (1 3/16")  Progressive 30mm (1 3/16")  Elemental H45mm (1 3/4")

Classic 38mm (1 1/2")  Progressive 38mm (1 1/2")

Classic 50mm (2")  Progressive 50mm (2")

**2 Finishes**

<p><b>Classic</b></p> <p><input type="checkbox"/> Polished</p> <p><input type="checkbox"/> Polished Brass Tint</p> <p><input type="checkbox"/> Polished Copper Tint</p> <p><input type="checkbox"/> Polished Bronze Tint</p> <p><input type="checkbox"/> Waxed</p> <p><input type="checkbox"/> Custom _____</p>	<p><b>Progressive</b></p> <p><input type="checkbox"/> Brushed Stainless <input type="checkbox"/> Cloud (M-S-G)</p> <p><input type="checkbox"/> Brushed Brass Tint <input type="checkbox"/> Dove (M-S-G)</p> <p><input type="checkbox"/> Brushed Copper Tint <input type="checkbox"/> Millstone (M-S-G)</p> <p><input type="checkbox"/> Brushed Bronze Tint <input type="checkbox"/> Slate (M-S-G)</p> <p><input type="checkbox"/> Brushed Carbon Tint <input type="checkbox"/> Flint (M-S-G)</p> <p style="border: 1px dashed black; padding: 2px;"><b>Coat Option</b> <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G) <input type="checkbox"/> Wash on Bamboo (W)</p>	<p><b>Elemental</b></p> <p><input type="checkbox"/> Cloud (M-S-G-W)</p> <p><input type="checkbox"/> Dove (M-S-G-W)</p> <p><input type="checkbox"/> Millstone (M-S-G-W)</p> <p><input type="checkbox"/> Slate (M-S-G-W)</p> <p><input type="checkbox"/> Flint (M-S-G-W)</p>
---	---	--

**3 Finials**

<p><input type="checkbox"/> Classic Stud <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Classic Large Stud <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Classic Ball <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Classic Button Stud <input type="text"/> Quantity _____</p>	<p><input type="checkbox"/> Progressive Stud <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Progressive Disc <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Progressive Ball <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Progressive Contrast stud <input type="text"/> Quantity _____</p>	<p><input type="checkbox"/> Elemental No Option</p>
--	--	---

**4 Brackets**

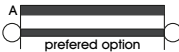


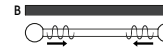
<p><input type="checkbox"/> Single - Side <input type="text"/> Quantity _____</p> <p><b>Projection</b> <input type="checkbox"/> 100mm (4") <input type="checkbox"/> 140mm (5 1/2") <input type="checkbox"/> Custom _____</p> <p><input type="checkbox"/> Double - Side <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Flush Ceiling <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Ceiling <input type="text"/> Quantity _____</p>	<p><input type="checkbox"/> Single - Mid <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Double - Mid <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Flush Ceiling - Joining <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Ceiling - Joining <input type="text"/> Quantity _____</p>	<p><input type="checkbox"/> Single - Joining <input type="text"/> Quantity _____</p> <p><input type="checkbox"/> Double - Joining <input type="text"/> Quantity _____</p>
--	---	---

**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.

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

**C Gliding Options**

<p></p> <p><input type="checkbox"/> Pole Length</p> <p><input type="checkbox"/> Pole &amp; Finial Length</p> <p><input type="checkbox"/> Bay Pole - Please fill in Bay Form</p>	<p></p> <p><input type="checkbox"/> Pole Length</p> <p><input type="checkbox"/> Pole &amp; Finial Length</p>	<p></p> <p><input type="checkbox"/> Single Stack</p>	<p></p> <p><input type="checkbox"/> Pair Stack</p>	<p><input type="checkbox"/> Rollers</p> <p><input type="checkbox"/> Ripplefold® Rollers - 80% Fullness</p> <p><input type="checkbox"/> Ripplefold® Rollers - 100% Fullness</p> <p><input type="checkbox"/> Ripplefold® Rollers - 120% Fullness</p>
--	---	---	--	--

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

**7 Motor**

<p><b>A Motor</b></p> <p><input type="checkbox"/> D105</p> <p><input type="checkbox"/> D145</p> <p><input type="checkbox"/> D175</p>	<p><b>B Location</b></p> <p><input type="checkbox"/> Left</p> <p><input type="checkbox"/> Right</p>	<p><b>C Transformer Required</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>D Control</b></p> <p><input type="checkbox"/> Standalone (supplied with wireless dongle and pico remote)</p> <p><input type="checkbox"/> Home automation (complete control by others)</p>
--	---	---	---

**8 Order Declaration** I confirm the given information & measurements are correct and on this basis wish to proceed with an ORDER.

Signed

Date