

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

<input type="checkbox"/> Classic 30mm (1 3/16")	<input type="checkbox"/> Progressive 30mm (1 3/16")	<input type="checkbox"/> Elemental H45mm (1 3/4")
<input type="checkbox"/> Classic 38mm (1 1/2")	<input type="checkbox"/> Progressive 38mm (1 1/2")	
<input type="checkbox"/> Classic 50mm (2")	<input type="checkbox"/> Progressive 50mm (2")	

2 Finishes

<p>Classic</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>Progressive</p> <input type="checkbox"/> Brushed Stainless <input type="checkbox"/> Brushed Brass Tint <input type="checkbox"/> Brushed Copper Tint <input type="checkbox"/> Brushed Bronze Tint <input type="checkbox"/> Brushed Carbon Tint	<p>Elemental</p> <input type="checkbox"/> Cloud (M-S-G) <input type="checkbox"/> Dove (M-S-G) <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"/> Progressive Stud Quantity _____	<input type="checkbox"/> Elemental No Option
<input type="checkbox"/> Classic Large Stud Quantity _____	<input type="checkbox"/> Progressive Disc Quantity _____	
<input type="checkbox"/> Classic Ball Quantity _____	<input type="checkbox"/> Progressive Ball Quantity _____	
<input type="checkbox"/> Classic Button Stud Quantity _____	<input type="checkbox"/> Progressive Contrast stud Quantity _____	

4 Brackets

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

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><input type="checkbox"/> Pole Length</p> <p><input type="checkbox"/> Pole & Finial Length</p> <p><input type="checkbox"/> Bay Pole - Please fill in Bay Form</p>	<p><input type="checkbox"/> Single Stack</p> <p><input type="checkbox"/> Pair Stack</p>	<p><input type="checkbox"/> Gliders</p> <p><input type="checkbox"/> Rollers</p> <p><input type="checkbox"/> Wave® Gliders</p> <p><input type="checkbox"/> Wave® Rollers</p>
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Wave® header tape & hooks required

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.

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

7 Motor

A Motor	B Location	C Control
<input type="checkbox"/> 9060	<input type="checkbox"/> Left	<input type="checkbox"/> Single system (supplied with radio module & single channel remote)
	<input type="checkbox"/> Right	<input type="checkbox"/> Multiple systems (supplied with radio module & multi channel remote)
		<input type="checkbox"/> Move server (control via Silent Gliss Move app, (supplied with radio module & move server set))
		<input type="checkbox"/> Home automation (complete control by others)

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

Signed _____ Date _____