

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>Classic</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>Progressive</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;">Coat Option <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G) <input type="checkbox"/> Wash on Bamboo (W)</p>	<p>Elemental</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>
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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>
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4 Brackets

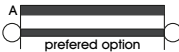


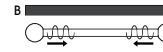
<p><input type="checkbox"/> Single - Side <input type="text"/> Quantity _____</p> <p>Projection <input type="checkbox"/> 100mm (4") <input type="checkbox"/> 140mm (5 1/2") <input type="checkbox"/> Custom _____</p> <p><input type="checkbox"/> Double - Side <input type="text"/> Quantity _____</p> <p><input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

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 & 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 & 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"/> Gliders</p> <p><input type="checkbox"/> Rollers</p> <p><input type="checkbox"/> Wave® Gliders</p> <p><input type="checkbox"/> Wave® Rollers</p> <p style="border: 1px dashed black; padding: 2px;"><input type="checkbox"/> Wave® header tape & hooks required</p>
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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 Heading</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Wave</p>	<p>C Curtain Drop _____</p>	<p>E Fabric</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>F Lining</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Lined</p> <p><input type="checkbox"/> Interlined</p>
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7 Motor

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