

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 30mm (1 3/16") 50mm (2")

2 Finishes

<input type="checkbox"/> Bone (M-S-G)	<input type="checkbox"/> Platinum (S-G)	<input type="checkbox"/> Polished Nickel
<input type="checkbox"/> Parchment (M-S-G)	<input type="checkbox"/> Champagne (S-G)	
<input type="checkbox"/> Clay (M-S-G)	<input type="checkbox"/> Gold (S-G)	
<input type="checkbox"/> Parchment (M-S-G)	<input type="checkbox"/> Cognac (S-G)	
<input type="checkbox"/> Flint (M-S-G)	<input type="checkbox"/> Gunmetal (S-G)	
<input type="checkbox"/> Custom _____		

Coat Option Matte (M) Satin (S) Gloss (G)

3 Finials


<input type="checkbox"/> Halo <input type="text"/> Quantity _____	<input type="checkbox"/> Charm <input type="text"/> Quantity _____
<input type="checkbox"/> Globe <input type="text"/> Quantity _____	<input type="checkbox"/> Templar <input type="text"/> Quantity _____
<input type="checkbox"/> Crystal Globe <input type="text"/> Quantity _____	<input type="checkbox"/> Cut Templar <input type="text"/> Quantity _____

4 Pole Lengths Straight Pole Length _____
 Please give measurements of Pole length only, see diagram A. If this is not possible please follow diagram B.

Bay Pole - Please fill in Bay Form



A
preferred option



B

Pole Length Pole & Finial Length

5 Brackets

<input type="checkbox"/> Single - Side <input type="text"/> Quantity _____	<input type="checkbox"/> Single - Mid <input type="text"/> Quantity _____	<input type="checkbox"/> Single - Passing <input type="text"/> Quantity _____
<input type="checkbox"/> Single - Recess <input type="text"/> Quantity _____	<input type="checkbox"/> Ceiling Passing <input type="text"/> Quantity _____	
<input type="checkbox"/> Ceiling <input type="text"/> Quantity _____	<input type="checkbox"/> Double - Mid <input type="text"/> Quantity _____	<input type="checkbox"/> Double - Passing <input type="text"/> Quantity _____
<input type="checkbox"/> Double - Side <input type="text"/> Quantity _____	<input type="checkbox"/> Adjustable - Mid <input type="text"/> Quantity _____	<input type="checkbox"/> Adjustable - Passing <input type="text"/> Quantity _____
<input type="checkbox"/> Adjustable - Side <input type="text"/> Quantity _____		

6 Rings Lined Ring Quantity _____ Lined Passing Ring Quantity _____

7 Accessories Fine Hold Back Quantity _____ Ombre Quantity _____ Draw Rod Quantity _____

Tie Back Hook Quantity _____ Fine Standard

8 Additional Requirements

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

Signed Date