

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 19mm (3/4") Modern 25mm (3/4")
 Classic 25mm (3/4")

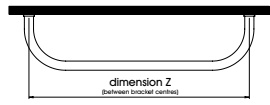
2 Finishes

<input type="checkbox"/> Polished	<input type="checkbox"/> Brass Toned	<input type="checkbox"/> Polished Copper Tint	<input type="checkbox"/> Waxed	<input type="checkbox"/> Oil Rubbed
<input type="checkbox"/> Bronzed	<input type="checkbox"/> Polished Nickel			
<input type="checkbox"/> Alabaster (M-S-G)	<input type="checkbox"/> Dusk (M-S-G)	<input type="checkbox"/> Granite (M-S-G)	<input type="checkbox"/> Slate (M-S-G)	<input type="checkbox"/> Flint (M-S-G)
<input type="checkbox"/> Barley (M-S-G)	<input type="checkbox"/> Dove (M-S-G)	<input type="checkbox"/> Millstone (M-S-G)	<input type="checkbox"/> Clay (M-S-G)	<input type="checkbox"/> Cocoa (M-S-G)
<input type="checkbox"/> Cloud (M-S-G)	<input type="checkbox"/> Ceramic (M-S-G)	<input type="checkbox"/> Bone (M-S-G)	<input type="checkbox"/> Cream (M-S-G)	<input type="checkbox"/> Parchment (M-S-G)
<input type="checkbox"/> Platinum (S-G)	<input type="checkbox"/> Champagne (S-G)	<input type="checkbox"/> Gold (S-G)	<input type="checkbox"/> Cognax (S-G)	<input type="checkbox"/> Gunmetal (S-G)
<input type="checkbox"/> Custom _____				

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

3 Pole Lengths Straight Pole Length _____
 Please give measurements of pole length between bracket centres (see diagram)

Bay Pole - Please fill in Bay Form



4 Brackets

<input type="checkbox"/> Classic Single - French Quantity _____	<input type="checkbox"/> Modern Single - French Quantity _____	<input type="checkbox"/> Modern Double - French Quantity _____
<input type="checkbox"/> Classic Single - Mid Quantity _____	<input type="checkbox"/> Modern Single - Mid Quantity _____	<input type="checkbox"/> Modern Double - Mid Quantity _____
<input type="checkbox"/> Classic Single - Passing Quantity _____	<input type="checkbox"/> Modern Single - Passing Quantity _____	<input type="checkbox"/> Modern Double - Passing Quantity _____

5 Rings

<input type="checkbox"/> Classic Ring Quantity _____	<input type="checkbox"/> Modern Lined Ring Quantity _____
<input type="checkbox"/> Classic Passing Ring Quantity _____	<input type="checkbox"/> Modern Lined Passing Ring Quantity _____

6 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