

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**  Round 50mm (2")

**2 Finishes**

<input type="checkbox"/> Alabaster (M-S-G)	<input type="checkbox"/> Dusky (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"/> Cognac (S-G)	<input type="checkbox"/> Gunmetal (S-G)
<input type="checkbox"/> Bronze	<input type="checkbox"/> Natural Silver			
<input type="checkbox"/> Component Only Polished Nickel				
<input type="checkbox"/> Custom <input type="text"/>				

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

**3 Finials**

<input type="checkbox"/> Flush Cap	Quantity <input type="text"/>	<input type="checkbox"/> Flush Stud	Quantity <input type="text"/>	<input type="checkbox"/> Stud	Quantity <input type="text"/>
<input type="checkbox"/> Disc	Quantity <input type="text"/>	<input type="checkbox"/> Ball	Quantity <input type="text"/>	<input type="checkbox"/> Crystal Globe	Quantity <input type="text"/>
<input type="checkbox"/> Halo	Quantity <input type="text"/>	<input type="checkbox"/> Globe	Quantity <input type="text"/>	<input type="checkbox"/> Charm	Quantity <input type="text"/>
<input type="checkbox"/> Templar	Quantity <input type="text"/>	<input type="checkbox"/> Crystal Templar	Quantity <input type="text"/>		

**4 Brackets**

<input type="checkbox"/> Single - Side	Quantity <input type="text"/>	<input type="checkbox"/> Single - Mid	Quantity <input type="text"/>	<input type="checkbox"/> Single - Recess	Quantity <input type="text"/>
<b>Projection</b> <input type="checkbox"/> 60mm (2 3/8") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> 140mm (5 1/2") <input type="checkbox"/> Custom <input type="text"/>					
<input type="checkbox"/> Double - Side	Quantity <input type="text"/>	<input type="checkbox"/> Double - Mid	Quantity <input type="text"/>		
<input type="checkbox"/> Ceiling - Heavy Duty	Quantity <input type="text"/>	<input type="checkbox"/> Ceiling - Standoff	Quantity <input type="text"/>		
<input type="checkbox"/> Adjustable - Side	Quantity <input type="text"/>	<input type="checkbox"/> Adjustable - Mid	Quantity <input type="text"/>	<input type="checkbox"/> Adjustable - Ceiling	Quantity <input type="text"/>

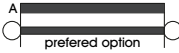
**5 Pole Lengths & Information**

**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**

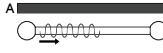
<input type="checkbox"/> Rollers	<input type="checkbox"/> Wave® header tape & hooks required
<input type="checkbox"/> Wave® Gliders	



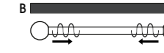
Pole Length



Pole & Finial Length



Single Stack



Pair Stack

Bay Pole - Please fill in Bay Form

**6 Curtain Information**

**A Total Curtain Weight**   
Please fill in questions B-E, if this information is not available

**B Heading**  Standard  Wave

**C Curtain Drop**

**E Fabric**  Light - Cotton / Linen  Medium - Cotton / Linen  Heavy - Velvet / Wool

**F Lining**  None  Lined  Interlined

These questions allow us to calculate curtain weight, if not noted above.

**7 Motor & Controls**

**A Motor**  5190

**B Location**  Left  Right

**C Control**  Hand Remote - Single Channel  Wall Remote - Single Channel  Wall Timer - Single Channel

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

Signed  Date