

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 Flat H36mm (1 7/16") Round 30mm (1 3/16") Round 50mm (2")

2 Finishes

<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"/> 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"/> Gliderpole Only Bright Aluminium				
<input type="checkbox"/> Custom <input type="text"/>				

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

3 Finials

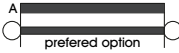
<input type="checkbox"/> Flush Cap	Quantity <input type="text"/>	<input type="checkbox"/> Flush Stud	Quantity <input type="text"/>	<input type="checkbox"/> Stud	Quantity <input type="text"/>
<input type="checkbox"/> Disc	Quantity <input type="text"/>	<input type="checkbox"/> Ball	Quantity <input type="text"/>	<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"/>
Projection <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 - Standoff	Quantity <input type="text"/>
<input type="checkbox"/> Ceiling - Light Duty	Quantity <input type="text"/>	<input type="checkbox"/> Ceiling - Heavy Duty	Quantity <input type="text"/>	<input type="checkbox"/> Adjustable - Ceiling	Quantity <input type="text"/>
<input type="checkbox"/> Adjustable - Side	Quantity <input type="text"/>	<input type="checkbox"/> Adjustable - Mid	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.

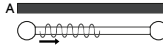


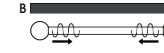
preferred option



Pole Length Pole & Finial Length Bay Pole - Please fill in Bay Form

B Stacking Location
 Please specify how the curtain will be stacked.





Single Stack Pair Stack

C Gliding Options

Gliders
 Rollers
 Wave® Gliders
 Wave® Rollers

Wave® header tape & hooks required

6 Accessories Fine Draw Rod Quantity Standard Draw Rod Quantity Wave Brake Quantity

7 Additional Requirements

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

Signed

Date