

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

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

**3 Finials**

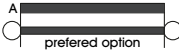
<input type="checkbox"/> Flush Cap	Quantity <input type="text"/>	<input type="checkbox"/> Flush Stud	Quantity <input type="text"/>	<input type="checkbox"/> Stud	Quantity <input type="text"/>
<input type="checkbox"/> Disc	Quantity <input type="text"/>	<input type="checkbox"/> Ball	Quantity <input type="text"/>	<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.

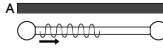


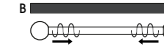
preferred option



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  Standard Draw Rod  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