

# SIMPLE Quote & Order Form

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**  19mm (3/4")  25mm (3/4")  30mm (1 3/16")  38mm (1 1/2")  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"/> Polished Nickel	<b>Coat Option</b> <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G)		
<input type="checkbox"/> Custom _____				

**3 Finials**

<input type="checkbox"/> Stud <input type="text"/> Quantity _____	<input type="checkbox"/> Ball <input type="text"/> Quantity _____
<input type="checkbox"/> Flush Stud <input type="text"/> Quantity _____	<input type="checkbox"/> Crystal Ball <input type="text"/> Quantity _____
<input type="checkbox"/> Disc <input type="text"/> Quantity _____	<input type="checkbox"/> Cut Crystal Ball <input type="text"/> Quantity _____
<input type="checkbox"/> Large Disc <input type="text"/> Quantity _____	<input type="checkbox"/> Crystal Element <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.



A

preferred option

Pole Length



B

Pole & Finial Length

Bay Pole - Please fill in Bay Form

**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 _____
Projection <input type="checkbox"/> 60mm (2 3/8") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____ See specification guide for availability		
<input type="checkbox"/> Single - Recess <input type="text"/> Quantity _____	<input type="checkbox"/> Ceiling <input type="text"/> Quantity _____	<input type="checkbox"/> Ceiling Passing <input type="text"/> Quantity _____
Projection <input type="checkbox"/> 60mm (2 3/8") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____ See specification guide for availability		
<input type="checkbox"/> Double - Side <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"/> Adjustable - Side <input type="text"/> Quantity _____	<input type="checkbox"/> Adjustable - Mid <input type="text"/> Quantity _____	<input type="checkbox"/> Adjustable - Passing <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 \_\_\_\_\_  Small  Large  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