

SIMPLE Quote & Order Form

Date

Customer

Telephone

Job Name / PO Number

Representative

Fax

Email

Contact Name

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 (1") 30mm (1 3/16") 38mm (1 1/2") 50mm (2")

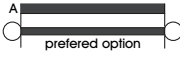
2 Finishes

<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"/> Polished Nickel			
<input type="checkbox"/> Custom _____	<div style="border: 1px dashed black; padding: 2px;"> Coat Option <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G) </div>			


3 Finials

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



B

Pole Length Pole & Finial Length

Bay Pole - Please fill in Bay Form

5 Brackets

<input type="checkbox"/> Single - Side	Quantity _____	<input type="checkbox"/> Single - Mid	Quantity _____	<input type="checkbox"/> Single - Passing	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	Quantity _____				
<input type="checkbox"/> Ceiling	Quantity _____	<input type="checkbox"/> Ceiling Passing	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	Quantity _____	<input type="checkbox"/> Double - Mid	Quantity _____	<input type="checkbox"/> Double - Passing	Quantity _____
<input type="checkbox"/> Adjustable - Side	Quantity _____	<input type="checkbox"/> Adjustable - Mid	Quantity _____	<input type="checkbox"/> Adjustable - Passing	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