

STAINLESS 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") 38mm (1 1/2") 50mm (2")

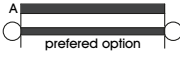
2 Finishes

<input type="checkbox"/> Brushed Stainless	<input type="checkbox"/> Mirrored Stainless
<input type="checkbox"/> Brushed Brass Tint	<input type="checkbox"/> Mirrored Brass Tint
<input type="checkbox"/> Brushed Copper Tint	<input type="checkbox"/> Mirrored Copper Tint
<input type="checkbox"/> Brushed Bronze Tint	<input type="checkbox"/> Mirrored Bronze Tint
<input type="checkbox"/> Brushed Carbon Tint	<input type="checkbox"/> Mirrored Carbon Tint
<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



B

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

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