

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 50mm (2")

2 Finishes

Brass

Polished Brass Aged Brass Waxed Brass Chromed Brass

Wood

Aged Oak Jacobean Oak Light Walnut Antiqued Mahogany Ebony

Hand Painted

Bronze Gold Old Gold Old Silver Aged Silver Wax Aged Bronze Wax

Custom _____

3 Finials

| | | | | | |
|--|----------------|----------------------------------|----------------|---|----------------|
| <input type="checkbox"/> Disc | Quantity _____ | <input type="checkbox"/> Disc | Quantity _____ | <input type="checkbox"/> Acanthus on Scroll | Quantity _____ |
| <input type="checkbox"/> Sphere | Quantity _____ | <input type="checkbox"/> Templar | Quantity _____ | <input type="checkbox"/> Pomegranate | Quantity _____ |
| <input type="checkbox"/> Ribbed Sphere | Quantity _____ | <input type="checkbox"/> Trefoil | Quantity _____ | <input type="checkbox"/> Pineapple | Quantity _____ |
| | | <input type="checkbox"/> Serpant | Quantity _____ | <input type="checkbox"/> Acorn | 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.

Bay Pole - Please fill in Bay Form



Pole Length



Pole & Finial Length

5 Brackets

| | | | | | |
|--|----------------|---------------------------------------|----------------|---|----------------|
| <input type="checkbox"/> Single - Side | Quantity _____ | <input type="checkbox"/> Single - Mid | Quantity _____ | <input type="checkbox"/> Single - Passing | Quantity _____ |
| <input type="checkbox"/> Single - Recess | Quantity _____ | | | | |

6 Rings

| | | | |
|-------------------------------|----------------|-------------------------------|----------------|
| <input type="checkbox"/> Ring | Quantity _____ | <input type="checkbox"/> Ring | Quantity _____ |
|-------------------------------|----------------|-------------------------------|----------------|

7 Accessories Ombre Quantity _____

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