

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 Classic 38mm (1 1/2") Progressive 38mm (1 1/2")
 Classic 50mm (2") Progressive 50mm (2")

2 Finishes

<p>Classic</p> <input type="checkbox"/> Polished <input type="checkbox"/> Polished Brass Tint <input type="checkbox"/> Polished Copper Tint <input type="checkbox"/> Polished Rose Tint <input type="checkbox"/> Polished Bronze Tint <input type="checkbox"/> Waxed <input type="checkbox"/> Custom _____	<p>Progressive</p> <input type="checkbox"/> Brushed Stainless <input type="checkbox"/> Brushed Brass Tint <input type="checkbox"/> Brushed Copper Tint <input type="checkbox"/> Brushed Rose Tint <input type="checkbox"/> Brushed Bronze Tint <input type="checkbox"/> Brushed Carbon Tint	<input type="checkbox"/> Cloud (M-S-G) <input type="checkbox"/> Dove (M-S-G) <input type="checkbox"/> Millstone (M-S-G) <input type="checkbox"/> Slate (M-S-G) <input type="checkbox"/> Flint (M-S-G) <div style="border: 1px dashed black; padding: 2px; margin-top: 5px;"> Coat Option <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G) </div>
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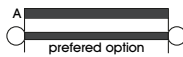

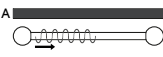
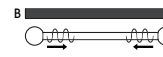
3 Finials

<input type="checkbox"/> Classic Stud Quantity _____ <input type="checkbox"/> Classic Large Stud Quantity _____ <input type="checkbox"/> Classic Ball Quantity _____ <input type="checkbox"/> Classic Button Stud Quantity _____	<input type="checkbox"/> Progressive Stud Quantity _____ <input type="checkbox"/> Progressive Disc Quantity _____ <input type="checkbox"/> Progressive Ball Quantity _____ <input type="checkbox"/> Progressive Contrast stud Quantity _____
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4 Brackets

<input type="checkbox"/> Single - Side Quantity _____ Projection <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____ <input type="checkbox"/> Double - Side Quantity _____ <input type="checkbox"/> Flush Ceiling Quantity _____	<input type="checkbox"/> Single - Mid Quantity _____ <input type="checkbox"/> Double - Mid Quantity _____ <input type="checkbox"/> Flush Ceiling - Joining Quantity _____	<input type="checkbox"/> Single - Joining Quantity _____ <input type="checkbox"/> Double - Joining Quantity _____
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5 Coverpole Lengths & Information

<p>A Straight Pole Length _____ Please give measurements of Pole length only, see diagram A. If this is not possible please follow diagram B.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  preferred option <input type="checkbox"/> Pole Length </div> <div style="text-align: center;">  <input type="checkbox"/> Pole & Finial Length </div> </div> <input type="checkbox"/> Bay Pole - Please fill in Bay Form	<p>B Stacking Location Please specify how the curtain will be stacked.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <input type="checkbox"/> Single Stack </div> <div style="text-align: center;">  <input type="checkbox"/> Pair Stack </div> </div>	<p>C Gliding Options</p> <input type="checkbox"/> Rollers <input type="checkbox"/> Ripplefold® Rollers - 80% Fullness <input type="checkbox"/> Ripplefold® Rollers - 100% Fullness <input type="checkbox"/> Ripplefold® Rollers - 120% Fullness
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6 Curtain Information

A Total Curtain Weight _____
 Please fill in questions B-E, if this information is not available

These questions allow us to calculate curtain weight, if not noted above.

<p>B Heading</p> <input type="checkbox"/> Standard <input type="checkbox"/> Ripplefold	<p>C Curtain Drop _____</p>	<p>E Fabric</p> <input type="checkbox"/> Light - Cotton / Linen <input type="checkbox"/> Medium - Cotton / Linen <input type="checkbox"/> Heavy - Velvet / Wool	<p>F Lining</p> <input type="checkbox"/> None <input type="checkbox"/> Lined <input type="checkbox"/> Interlined
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7 Motor

<p>A Motor</p> <input type="checkbox"/> D105 <input type="checkbox"/> D145 <input type="checkbox"/> D175	<p>B Location</p> <input type="checkbox"/> Left <input type="checkbox"/> Right	<p>C Transformer Required</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>D Control</p> <input type="checkbox"/> Standalone (supplied with wireless dongle and pico remote) <input type="checkbox"/> Home automation (complete control by others)
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8 Order Declaration I confirm the given information & measurements are correct and on this basis wish to proceed with an ORDER.

Signed _____ Date _____