

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 30mm (1 3/16")  Progressive 30mm (1 3/16")

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

Classic 50mm (2")  Progressive 50mm (2")

**2 Finishes**

<p><b>Classic</b></p> <p><input type="checkbox"/> Polished</p> <p><input type="checkbox"/> Polished Brass Tint</p> <p><input type="checkbox"/> Polished Copper Tint</p> <p><input type="checkbox"/> Polished Rose Tint</p> <p><input type="checkbox"/> Polished Bronze Tint</p> <p><input type="checkbox"/> Waxed</p> <p><input type="checkbox"/> Custom _____</p>	<p><b>Progressive</b></p> <p><input type="checkbox"/> Brushed Stainless</p> <p><input type="checkbox"/> Brushed Brass Tint</p> <p><input type="checkbox"/> Brushed Copper Tint</p> <p><input type="checkbox"/> Brushed Rose Tint</p> <p><input type="checkbox"/> Brushed Bronze Tint</p> <p><input type="checkbox"/> Brushed Carbon Tint</p>	<p><input type="checkbox"/> Cloud (M-S-G)</p> <p><input type="checkbox"/> Dove (M-S-G)</p> <p><input type="checkbox"/> Millstone (M-S-G)</p> <p><input type="checkbox"/> Slate (M-S-G)</p> <p><input type="checkbox"/> Flint (M-S-G)</p>
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**Coat Option**  Matte (M)  Satin (S)  Gloss (G)



**3 Finials**

<p><input type="checkbox"/> Inclusive End Cap* Quantity _____</p> <p><small>*Please note that if this option is selected finials can not be added at a later date.</small></p>	<p><input type="checkbox"/> Classic Stud Quantity _____</p> <p><input type="checkbox"/> Classic Large Stud Quantity _____</p> <p><input type="checkbox"/> Classic Ball Quantity _____</p> <p><input type="checkbox"/> Classic Button Stud Quantity _____</p>	<p><input type="checkbox"/> Progressive Stud Quantity _____</p> <p><input type="checkbox"/> Progressive Disc Quantity _____</p> <p><input type="checkbox"/> Progressive Ball Quantity _____</p> <p><input type="checkbox"/> Progressive Contrast stud Quantity _____</p>
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**4 Brackets**

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

<p><b>A</b> <input type="checkbox"/> Straight Pole Length _____</p> <p><small>Please give measurements of Pole length only, see diagram A. If this is not possible please follow diagram B.</small></p> <p></p> <p><input type="checkbox"/> Pole Length <input type="checkbox"/> Pole &amp; Finial Length</p> <p><input type="checkbox"/> Bay Pole - Please fill in Bay Form</p>	<p><b>B</b> Stacking Location</p> <p><small>Please specify how the curtain will be stacked.</small></p> <p></p> <p><input type="checkbox"/> Single Stack <input type="checkbox"/> Pair Stack</p>	<p><b>C</b> Gliding Options</p> <p><input type="checkbox"/> Rollers</p> <p><input type="checkbox"/> Wave® Gliders</p> <p style="border: 1px dashed black; padding: 2px;"><input type="checkbox"/> Wave® header tape &amp; hooks required</p>
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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>B</b> Heading</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Wave</p>	<p><b>C</b> Curtain Drop _____</p>	<p><b>E</b> Fabric</p> <p><input type="checkbox"/> Light - Cotton / Linen</p> <p><input type="checkbox"/> Medium - Cotton / Linen</p> <p><input type="checkbox"/> Heavy - Velvet / Wool</p>	<p><b>F</b> Lining</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Lined</p> <p><input type="checkbox"/> Interlined</p>
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**7 Motor & Controls**

<p><b>A</b> Motor</p> <p><input type="checkbox"/> 5190 - White - Plastic housing will be supplied in White</p>	<p><b>B</b> Location</p> <p><input type="checkbox"/> Left</p> <p><input type="checkbox"/> Right</p>	<p><b>C</b> Control</p> <p><input type="checkbox"/> Hand Remote - Single Channel <input type="checkbox"/> Hand Remote - Multi Channel</p> <p><input type="checkbox"/> Wall Remote - Single Channel <input type="checkbox"/> Wall Remote - Multi Channel</p> <p><input type="checkbox"/> Wall Timer - Single Channel <input type="checkbox"/> Wall Timer - Multi Channel</p>
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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