

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> <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>	<p>Progressive</p> <p><input type="checkbox"/> Brushed Stainless <input type="checkbox"/> Cloud (M-S-G) <input type="checkbox"/> Brushed Brass Tint <input type="checkbox"/> Dove (M-S-G) <input type="checkbox"/> Brushed Copper Tint <input type="checkbox"/> Millstone (M-S-G) <input type="checkbox"/> Brushed Rose Tint <input type="checkbox"/> Slate (M-S-G) <input type="checkbox"/> Brushed Bronze Tint <input type="checkbox"/> Flint (M-S-G) <input type="checkbox"/> Brushed Carbon Tint</p>	<p>Coat Option <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G)</p>
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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 _____ <input type="checkbox"/> Classic Large Stud Quantity _____ <input type="checkbox"/> Classic Ball Quantity _____ <input type="checkbox"/> Classic Button Stud Quantity _____</p>	<p><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 _____</p>
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4 Brackets

<p><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 _____</p>	<p><input type="checkbox"/> Single - Mid Quantity _____ <input type="checkbox"/> Double - Mid Quantity _____ <input type="checkbox"/> Flush Ceiling - Joining Quantity _____</p>	<p><input type="checkbox"/> Single - Joining Quantity _____ <input type="checkbox"/> Double - Joining Quantity _____</p>
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5 Pole Lengths & Information

<p>A <input type="checkbox"/> Straight Pole Length _____ Please give measurements of Pole length only, see diagram A. If this is not possible please follow diagram B.</p> <p></p> <p><input type="checkbox"/> Pole Length <input type="checkbox"/> Pole & Finial Length</p> <p><input type="checkbox"/> Bay Pole - Please fill in Bay Form</p>	<p>B Stacking Location Please specify how the curtain will be stacked.</p> <p></p> <p><input type="checkbox"/> Single Stack <input type="checkbox"/> Pair Stack</p>	<p>C Gliding Options</p> <p><input type="checkbox"/> Rollers <input type="checkbox"/> Ripple® Rollers</p> <p><input type="checkbox"/> header tape & 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

B Heading Standard Ripple

C Curtain Drop _____

E Fabric Light - Cotton / Linen Medium - Cotton / Linen Heavy - Velvet / Wool

F Lining None Lined Interlined

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

7 Motor & Controls

<p>A Motor</p> <p><input type="checkbox"/> Glidea RTS - White - Plastic housing will be supplied in White <input type="checkbox"/> Iresmo RTS - White - Plastic housing will be supplied in White</p>	<p>B Location <input type="checkbox"/> Left <input type="checkbox"/> Right</p>	<p>C Control <input type="checkbox"/> Wall Remote - Single Channel <input type="checkbox"/> Hand Remote - 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 _____