

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

<input type="checkbox"/> Classic 30mm (1 3/16")	<input type="checkbox"/> Progressive 30mm (1 3/16")
<input type="checkbox"/> Classic 38mm (1 1/2")	<input type="checkbox"/> Progressive 38mm (1 1/2")
<input type="checkbox"/> Classic 50mm (2")	<input type="checkbox"/> Progressive 50mm (2")

2 Finishes

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

Coat Option Matte (M) Satin (S) Gloss (G)

3 Finials

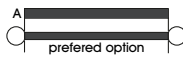
<input type="checkbox"/> Inclusive End Cap* Quantity _____	<input type="checkbox"/> Classic Stud Quantity _____	<input type="checkbox"/> Progressive Stud Quantity _____
<small>*Please note that if this option is selected finials can not be added at a later date.</small>	<input type="checkbox"/> Classic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

4 Brackets


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

5 Coverpole Lengths & Information

A Straight Pole Length _____
Please give measurements of Pole length only, see diagram A. If this is not possible please follow diagram B.



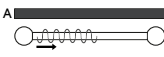
preferred option

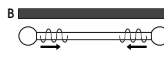


Pole Length Pole & Finial Length

Bay Pole - Please fill in Bay Form

B Stacking Location
Please specify how the curtain will be stacked.





Single Stack Pair Stack

C Gliding Options

Gliders
 Rollers
 Wave® Gliders
 Wave® Rollers
 Ripplefold® Rollers

Wave® header tape & hooks required

6 Accessories

<input type="checkbox"/> Fine Draw Rod Quantity _____	<input type="checkbox"/> Standard Draw Rod Quantity _____	<input type="checkbox"/> Wave Brake Quantity _____
---	---	--

7 Additional Requirements

8 Order Declaration I confirm the given information & measurements are correct and on this basis wish to proceed with an ORDER.

Signed _____ Date _____