

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>Classic</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>Progressive</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

Inclusive End Cap* Quantity _____

*Please note that if this option is selected finials can not be added at a later date.

<input type="checkbox"/> Classic Stud Quantity _____	<input type="checkbox"/> Progressive Stud Quantity _____
<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.

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 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> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Wave</p> <p><input type="checkbox"/> Ripplefold</p>	<p>C Curtain Drop _____</p>	<p>E 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>F 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 Rotary Drive

<p>A Track housing colour</p> <p><input type="checkbox"/> Grey</p> <p><input type="checkbox"/> White</p>	<p>B Location</p> <p><input type="checkbox"/> Left</p> <p><input type="checkbox"/> Right</p>	<p>C Control Rod Length _____</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 _____