

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**     Round 50mm (2")

**2 Finishes**

<input type="checkbox"/> Alabaster (M-S-G)	<input type="checkbox"/> Dusky (M-S-G)	<input type="checkbox"/> Granite (M-S-G)	<input type="checkbox"/> Slate (M-S-G)	<input type="checkbox"/> Flint (S-G)
<input type="checkbox"/> Barley (M-S-G)	<input type="checkbox"/> Dove (M-S-G)	<input type="checkbox"/> Millstone (M-S-G)	<input type="checkbox"/> Clay (M-S-G)	<input type="checkbox"/> Cocoa (M-S-G)
<input type="checkbox"/> Cloud (M-S-G)	<input type="checkbox"/> Ceramic (M-S-G)	<input type="checkbox"/> Bone (M-S-G)	<input type="checkbox"/> Cream (M-S-G)	<input type="checkbox"/> Parchment (M-S-G)
<input type="checkbox"/> Platinum (S-G)	<input type="checkbox"/> Champagne (S-G)	<input type="checkbox"/> Gold (S-G)	<input type="checkbox"/> Cognac (S-G)	<input type="checkbox"/> Gunmetal (S-G)
<input type="checkbox"/> Bronze	<input type="checkbox"/> Natural Silver			
<input type="checkbox"/> Component Only Polished Nickel				
<input type="checkbox"/> Custom _____				

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

**3 Finials**

<input type="checkbox"/> Flush Cap    Quantity _____	<input type="checkbox"/> Flush Stud    Quantity _____	<input type="checkbox"/> Stud    Quantity _____
<input type="checkbox"/> Disc    Quantity _____	<input type="checkbox"/> Pebble    Quantity _____	<input type="checkbox"/> Ball    Quantity _____
<input type="checkbox"/> Halo    Quantity _____	<input type="checkbox"/> Globe    Quantity _____	<input type="checkbox"/> Crystal Globe    Quantity _____
<input type="checkbox"/> Templar    Quantity _____	<input type="checkbox"/> Crystal Templar    Quantity _____	<input type="checkbox"/> Charm

**4 Brackets**

<input type="checkbox"/> Single - Side    Quantity _____	<input type="checkbox"/> Single - Mid    Quantity _____	<input type="checkbox"/> Single - Recess    Quantity _____
Projection <input type="checkbox"/> 60mm (2 3/8") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____		
<input type="checkbox"/> Double - Side    Quantity _____	<input type="checkbox"/> Double - Mid    Quantity _____	
<input type="checkbox"/> Ceiling - Heavy Duty    Quantity _____	<input type="checkbox"/> Ceiling - Standoff    Quantity _____	
<input type="checkbox"/> Adjustable - Side    Quantity _____	<input type="checkbox"/> Adjustable - Mid    Quantity _____	<input type="checkbox"/> Adjustable - Ceiling    Quantity _____

**5 Pole 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.

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

**C Gliding Options**

<input type="checkbox"/> Rollers	<input type="checkbox"/> Wave® header tape & hooks required
<input type="checkbox"/> Wave® Gliders	

Bay Pole - Please fill in Bay Form

**6 Curtain Information**

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

**B Heading**     Standard     Wave

**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**

**A Motor**     5190

**B Location**     Left     Right

**C Control**     Hand Remote - Single Channel     Wall Remote - Single Channel     Wall Timer - Single Channel

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

Signed \_\_\_\_\_    Date \_\_\_\_\_