

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**

|   |  |  |
|---|--|--|
| <b>Classic</b>                                | <b>Progressive</b>                           |  |
| <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**

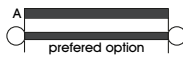
|  |                |  |                |
|--|----------------|--|----------------|
| <input type="checkbox"/> Classic Stud        | Quantity _____ | <input type="checkbox"/> Progressive Stud          | Quantity _____ |
| <input type="checkbox"/> Classic Large Stud  | Quantity _____ | <input type="checkbox"/> 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 _____ |
| <b>Projection</b> <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 | 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.



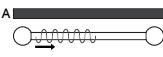
preferred option



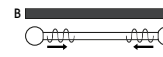
Pole Length       Pole & Finial Length

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 \_\_\_\_\_