

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 30mm (1 3/16") 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 (M-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"/> Polished Nickel			
<input type="checkbox"/> Custom _____	Coat Option <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G)			

3 Finials

<input type="checkbox"/> Halo	Quantity _____	<input type="checkbox"/> Charm	Quantity _____
<input type="checkbox"/> Globe	Quantity _____	<input type="checkbox"/> Templar	Quantity _____
<input type="checkbox"/> Crystal Globe	Quantity _____	<input type="checkbox"/> Cut Templar	Quantity _____

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

Bay Pole - Please fill in Bay Form



A
preferred option

Pole Length



B

Pole & Finial Length

5 Brackets

<input type="checkbox"/> Single - Side	Quantity _____	<input type="checkbox"/> Single - Mid	Quantity _____	<input type="checkbox"/> Single - Passing	Quantity _____
<input type="checkbox"/> Single - Recess	Quantity _____	<input type="checkbox"/> Ceiling Passing	Quantity _____	<input type="checkbox"/> Double - Passing	Quantity _____
<input type="checkbox"/> Ceiling	Quantity _____	<input type="checkbox"/> Double - Mid	Quantity _____	<input type="checkbox"/> Adjustable - Passing	Quantity _____
<input type="checkbox"/> Double - Side	Quantity _____	<input type="checkbox"/> Adjustable - Mid	Quantity _____		
<input type="checkbox"/> Adjustable - Side	Quantity _____				

6 Rings Lined Ring Lined Passing Ring

Quantity _____

7 Accessories Fine Hold Back Ombre Draw Rod

Quantity _____

Tie Back Hook Fine Standard

Quantity _____

8 Additional Requirements

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

Signed Date