

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 25mm (1") Modern 25mm (1")


2 Finishes

<input type="checkbox"/> Polished	<input type="checkbox"/> Brass Toned	<input type="checkbox"/> Polished Copper Tint	<input type="checkbox"/> Waxed	<input type="checkbox"/> Oil Rubbed
<input type="checkbox"/> Bronzed	<input type="checkbox"/> Polished Nickel			
<input type="checkbox"/> Alabaster (M-S-E)	<input type="checkbox"/> Dusk (M-S-E)	<input type="checkbox"/> Granite (M-S-E)	<input type="checkbox"/> Slate (M-S-E)	<input type="checkbox"/> Flint (M-S-E)
<input type="checkbox"/> Barley (M-S-E)	<input type="checkbox"/> Dove (M-S-E)	<input type="checkbox"/> Millstone (M-S-E)	<input type="checkbox"/> Clay (M-S-E)	<input type="checkbox"/> Cocoa (M-S-E)
<input type="checkbox"/> Cloud (M-S-E)	<input type="checkbox"/> Ceramic (M-S-E)	<input type="checkbox"/> Bone (M-S-E)	<input type="checkbox"/> Cream (M-S-E)	<input type="checkbox"/> Parchment (M-S-E)
<input type="checkbox"/> Platinum (S-E)	<input type="checkbox"/> Champagne (S-E)	<input type="checkbox"/> Gold (S-E)	<input type="checkbox"/> Cognac (S-E)	<input type="checkbox"/> Gunmetal (S-E)
<input type="checkbox"/> Custom _____				

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

3 Pole Lengths Straight Pole Length _____
Please give measurements of pole length between bracket centres (see diagram)

Bay Pole - Please fill in Bay Form



4 Brackets

<input type="checkbox"/> Classic Single - End	Quantity _____	<input type="checkbox"/> Modern Single - End	Quantity _____	<input type="checkbox"/> Modern Double - End	Quantity _____
<input type="checkbox"/> Classic Single - Mid	Quantity _____	<input type="checkbox"/> Modern Single - Mid	Quantity _____	<input type="checkbox"/> Modern Double - Mid	Quantity _____
<input type="checkbox"/> Classic Single - Passing	Quantity _____	<input type="checkbox"/> Modern Single - Passing	Quantity _____	<input type="checkbox"/> Modern Double - Passing	Quantity _____

Projection Options 100mm (4") 140mm (5 1/2") Custom _____

5 Rings

<input type="checkbox"/> Classic Ring	Quantity _____	<input type="checkbox"/> Modern Lined Ring	Quantity _____
<input type="checkbox"/> Classic Passing Ring	Quantity _____	<input type="checkbox"/> Modern Lined Passing Ring	Quantity _____

6 Additional Requirements

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

Signed Date