

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 (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"/> 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 _____

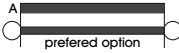
5 Pole Lengths & Information

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

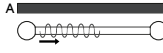
<input type="checkbox"/> Rollers	<input type="checkbox"/> Wave® header tape & hooks required
<input type="checkbox"/> Wave® Gliders	



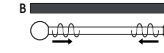
Pole Length



Pole & Finial Length



Single Stack



Pair Stack

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

These questions allow us to calculate curtain weight, if not noted above.

B Heading	C Curtain Drop _____	E Fabric	F Lining
<input type="checkbox"/> Standard		<input type="checkbox"/> Light - Cotton / Linen	<input type="checkbox"/> None
<input type="checkbox"/> Wave		<input type="checkbox"/> Medium - Cotton / Linen	<input type="checkbox"/> Lined
		<input type="checkbox"/> Heavy - Velvet / Wool	<input type="checkbox"/> Interlined

7 Motor & Controls

A Motor	B Location	C Control
<input type="checkbox"/> 5190	<input type="checkbox"/> Left	<input type="checkbox"/> Hand Remote - Single Channel
	<input type="checkbox"/> Right	<input type="checkbox"/> Wall Remote - Single Channel
		<input type="checkbox"/> 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 _____