

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 Flat H36mm (1 7/16") Round 30mm (1 3/16") Round 50mm (2")

2 Finishes

<input type="checkbox"/> Alabaster (M-S-G)	<input type="checkbox"/> Dusk (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"/> Gliderpole Only Bright Aluminium				
<input type="checkbox"/> Custom _____				

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

3 Finials

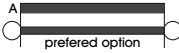
<input type="checkbox"/> Flush Cap	Quantity _____	<input type="checkbox"/> Flush Stud	Quantity _____	<input type="checkbox"/> Stud	Quantity _____
<input type="checkbox"/> Disc	Quantity _____	<input type="checkbox"/> Pebble	Quantity _____	<input type="checkbox"/> Ball	Quantity _____
<input type="checkbox"/> 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 - Standoff	Quantity _____
<input type="checkbox"/> Ceiling - Light Duty	Quantity _____	<input type="checkbox"/> Ceiling - Heavy Duty	Quantity _____	<input type="checkbox"/> Adjustable - Ceiling	Quantity _____
<input type="checkbox"/> Adjustable - Side	Quantity _____	<input type="checkbox"/> Adjustable - Mid	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.



A preferred option

Pole Length

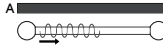


B

Pole & Finial Length

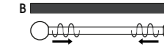
Bay Pole - Please fill in Bay Form

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



A

Single Stack



B

Pair Stack

C Gliding Options

Gliders
 Rollers
 Wave® Gliders
 Wave® Rollers

Wave® header tape & hooks required

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 Accessories Fine Draw Rod Quantity _____ Standard Draw Rod Quantity _____ Wave Brake 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 _____