

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 38mm (1 1/2")  Progressive 38mm (1 1/2")  
 Classic 50mm (2")  Progressive 50mm (2")

**2 Finishes**

<p><b>Classic</b></p> <p><input type="checkbox"/> Polished  <input type="checkbox"/> Polished Brass Tint  <input type="checkbox"/> Polished Copper Tint  <input type="checkbox"/> Polished Rose Tint  <input type="checkbox"/> Polished Bronze Tint  <input type="checkbox"/> Waxed  <input type="checkbox"/> Custom _____</p>	<p><b>Progressive</b></p> <p><input type="checkbox"/> Brushed Stainless <input type="checkbox"/> Cloud (M-S-G)  <input type="checkbox"/> Brushed Brass Tint <input type="checkbox"/> DOVE (M-S-G)  <input type="checkbox"/> Brushed Copper Tint <input type="checkbox"/> Millstone (M-S-G)  <input type="checkbox"/> Brushed Rose Tint <input type="checkbox"/> Slate (M-S-G)  <input type="checkbox"/> Brushed Bronze Tint <input type="checkbox"/> Flint (M-S-G)  <input type="checkbox"/> Brushed Carbon Tint</p>	<p><b>Coat Option</b> <input type="checkbox"/> Matte (M) <input type="checkbox"/> Satin (S) <input type="checkbox"/> Gloss (G)</p>
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**3 Finials**

<p><input type="checkbox"/> Inclusive End Cap* Quantity _____</p> <p><small>*Please note that if this option is selected finials can not be added at a later date.</small></p>	<p><input type="checkbox"/> Classic Stud Quantity _____  <input type="checkbox"/> Classic Large Stud Quantity _____  <input type="checkbox"/> Classic Ball Quantity _____  <input type="checkbox"/> Classic Button Stud Quantity _____</p>	<p><input type="checkbox"/> Progressive Stud Quantity _____  <input type="checkbox"/> Progressive Disc Quantity _____  <input type="checkbox"/> Progressive Ball Quantity _____  <input type="checkbox"/> Progressive Contrast stud Quantity _____</p>
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**4 Brackets**

<p><input type="checkbox"/> Single - Side Quantity _____                  Projection <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____  <input type="checkbox"/> Double - Side Quantity _____  <input type="checkbox"/> Flush Ceiling Quantity _____</p>	<p><input type="checkbox"/> Single - Mid Quantity _____  <input type="checkbox"/> Double - Mid Quantity _____  <input type="checkbox"/> Flush Ceiling - Joining Quantity _____</p>	<p><input type="checkbox"/> Single - Joining Quantity _____  <input type="checkbox"/> Double - Joining Quantity _____</p>
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**5 Pole Lengths & Information**

<p><b>A</b> <input type="checkbox"/> Straight Pole Length _____                  Please give measurements of Pole length only, see diagram A. If this is not possible please follow diagram B.</p> <p></p> <p><input type="checkbox"/> Pole Length <input type="checkbox"/> Pole &amp; Finial Length</p> <p><input type="checkbox"/> Bay Pole - Please fill in Bay Form</p>	<p><b>B</b> Stacking Location                  Please specify how the curtain will be stacked.</p> <p></p> <p><input type="checkbox"/> Single Stack <input type="checkbox"/> Pair Stack</p>	<p><b>C</b> Gliding Options</p> <p><input type="checkbox"/> Rollers  <input type="checkbox"/> Ripple® Rollers</p> <p><input type="checkbox"/> header tape &amp; hooks required</p>
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**6 Curtain Information**

**A** Total Curtain Weight \_\_\_\_\_  
Please fill in questions B-E, if this information is not available

**B** Heading  Standard  Ripple

**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 Motor & Controls**

<p><b>A</b> Motor</p> <p><input type="checkbox"/> Glydea RTS - White - Plastic housing will be supplied in White  <input type="checkbox"/> Iresmo RTS - White - Plastic housing will be supplied in White</p>	<p><b>B</b> Location <input type="checkbox"/> Left <input type="checkbox"/> Right</p>	<p><b>C</b> Control <input type="checkbox"/> Wall Remote - Single Channel <input type="checkbox"/> Hand Remote - Multi Channel</p>
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**8 Order Declaration** I confirm the given information & measurements are correct and on this basis wish to proceed with an ORDER.

Signed \_\_\_\_\_ Date \_\_\_\_\_