

# STAINLESS Quote & Order Form

Date

Customer

Telephone

Job Name / PO Number

Representative

Fax

Email

Contact Name

Contact Name

Quote

Order

Residential

Non-Residential

Custom

Please Specify

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS TO ENSURE AN ACCURATE QUOTE

**1 Diameter**  19mm (3/4")  25mm (1")  38mm (1 1/2")  50mm (2")

**2 Finishes**

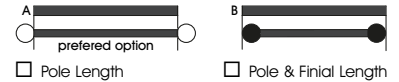
<input type="checkbox"/> Brushed Stainless	<input type="checkbox"/> Mirrored Stainless	<b>Pole only finishes</b> <input type="checkbox"/> Clear Acrylic
<input type="checkbox"/> Brushed Brass Tint	<input type="checkbox"/> Mirrored Brass Tint	
<input type="checkbox"/> Brushed Copper Tint	<input type="checkbox"/> Mirrored Copper Tint	
<input type="checkbox"/> Brushed Rose Tint	<input type="checkbox"/> Mirrored Rose Tint	
<input type="checkbox"/> Brushed Bronze Tint	<input type="checkbox"/> Mirrored Bronze Tint	
<input type="checkbox"/> Brushed Carbon Tint	<input type="checkbox"/> Mirrored Carbon Tint	

**3 Finials**

<input type="checkbox"/> Stud	Quantity _____	<input type="checkbox"/> Octagon Stud	Quantity _____
<input type="checkbox"/> Disc	Quantity _____	<input type="checkbox"/> Faceted Disc	Quantity _____
<input type="checkbox"/> Large Disc	Quantity _____	<input type="checkbox"/> Squat Disc	Quantity _____
<input type="checkbox"/> Knurled Stud	Quantity _____	<input type="checkbox"/> Ball	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



**5 Brackets**

<input type="checkbox"/> Single - Side	Quantity _____	<input type="checkbox"/> Single - Mid	Quantity _____	<input type="checkbox"/> Single - Passing	Quantity _____
<b>Projection</b> <input type="checkbox"/> 60mm (2 3/8") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____ See specification guide for availability					
<input type="checkbox"/> Single - Recess	Quantity _____				
<input type="checkbox"/> Ceiling	Quantity _____	<input type="checkbox"/> Ceiling Passing	Quantity _____		
<b>Projection</b> <input type="checkbox"/> 60mm (2 3/8") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> Custom _____ See specification guide for availability					
<input type="checkbox"/> Double - Side	Quantity _____	<input type="checkbox"/> Double - Mid	Quantity _____	<input type="checkbox"/> Double - Passing	Quantity _____
<input type="checkbox"/> Adjustable - Side	Quantity _____	<input type="checkbox"/> Adjustable - Mid	Quantity _____	<input type="checkbox"/> Adjustable - Passing	Quantity _____

**6 Rings**  Lined Ring Quantity \_\_\_\_\_  Lined Passing Ring Quantity \_\_\_\_\_

**7 Accessories**  Fine Hold Back Quantity \_\_\_\_\_  Ombre Quantity \_\_\_\_\_  Draw Rod Quantity \_\_\_\_\_

Tie Back Hook Quantity \_\_\_\_\_  Small  Large  Fine  Standard

**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