

CUSTOMER INFORMATION

Company Name _____



PROJECT INFORMATION

Project Name _____

Room _____

Contact _____

PO _____

1 DIAMETER

- | | | | |
|---|---|--|---|
| Front Rear | Front Rear | Front Rear | Front Rear |
| <input type="checkbox"/> <input type="checkbox"/> Square 27mm (1 1/16") | <input type="checkbox"/> <input type="checkbox"/> Flat 36mm (1 7/16") | <input type="checkbox"/> <input type="checkbox"/> Round 30mm (1 3/16") | <input type="checkbox"/> <input type="checkbox"/> Round 50mm (2") |

2 FINISHES

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Cloud ^M _S _E | <input type="checkbox"/> Barley ^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"/> Mineral ^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"/> Alabaster ^M _S _E | <input type="checkbox"/> Dusk ^M _S _E | <input type="checkbox"/> Ceramic ^M _S _E | <input type="checkbox"/> Slate ^M _S _E | <input type="checkbox"/> Flint ^M _S _E |
| <input type="checkbox"/> Damson ^M _S _E | <input type="checkbox"/> Moss ^M _S _E | <input type="checkbox"/> Smoke ^M _S _E | <input type="checkbox"/> Frame Grey ^M _S _E | <input type="checkbox"/> Raven ^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"/> Pewter _S _E | <input type="checkbox"/> Antique Brass _S _E | <input type="checkbox"/> Bronzed _S _E | <input type="checkbox"/> Natural Silver | <input type="checkbox"/> Midnight |
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Mist | <input type="checkbox"/> Sunset | <input type="checkbox"/> Night Sky | <input type="checkbox"/> Bronze Art |
| <input type="checkbox"/> Old Silver | <input type="checkbox"/> Old Pewter | <input type="checkbox"/> Old Brass | <input type="checkbox"/> Light Bronze | |
- Coat Options Matte ^M Satin _S Glass _S
- Finial & bracket only finishes
- | | |
|--|---|
| <input type="checkbox"/> Polished Nickel | <input type="checkbox"/> Polished Brass Plate |
|--|---|
- Pole only finishes
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Bright Aluminium | <input type="checkbox"/> Bright Brass |
|---|---------------------------------------|

3 FINIALS

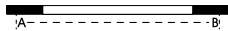
- | | | | | |
|---|---|---|---|--|
| Front Rear | Front Rear | Front Rear | Front Rear | Front Rear |
| <input type="checkbox"/> <input type="checkbox"/> Flush End Cap | <input type="checkbox"/> <input type="checkbox"/> Flush Stud | <input type="checkbox"/> <input type="checkbox"/> Stud | <input type="checkbox"/> <input type="checkbox"/> Disc | <input type="checkbox"/> <input type="checkbox"/> Pebble |
| <input type="checkbox"/> <input type="checkbox"/> Ball | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Halo | <input type="checkbox"/> <input type="checkbox"/> Squat Globe | <input type="checkbox"/> <input type="checkbox"/> Globe | <input type="checkbox"/> <input type="checkbox"/> Crystal Globe | <input type="checkbox"/> <input type="checkbox"/> Ribbed Globe |
| <input type="checkbox"/> <input type="checkbox"/> Flute | <input type="checkbox"/> <input type="checkbox"/> Templar | <input type="checkbox"/> <input type="checkbox"/> Crystal Templar | <input type="checkbox"/> <input type="checkbox"/> Cut Crystal Templar | <input type="checkbox"/> <input type="checkbox"/> Charm |

4 BRACKETS

Double Brackets

- | | |
|-------------------------------|-----------|
| <input type="checkbox"/> Side | Qty _____ |
| <input type="checkbox"/> Mid | Qty _____ |

5 MEASUREMENT



Straight Pole / Recess Pole A-B _____

Bay Pole

6 POLE INFORMATION

Finial Location

Please specify if your measurements exclude or include the finial length.

- | | |
|---|---|
| <input type="checkbox"/> Excludes Finial Length
Preferred Option | <input type="checkbox"/> Includes Finial Length |
| | |

Stacking Location

Please specify how the curtain will be stacked.

- | | |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Single Stack | <input type="checkbox"/> Pair Stack |
| | |

Gliding Option

- | |
|--------------------------------------|
| <input type="checkbox"/> Gliders |
| <input type="checkbox"/> Roller |
| <input type="checkbox"/> Wave Glider |
| <input type="checkbox"/> Wave Roller |

7 CURTAIN INFORMATION

A Curtain Weight
Total Weight _____

B Heading
 Standard
 Wave

Gliding Option
Curtain Drop _____

Fabric
 Light (Cotton)
 Medium (Linen)
 Heavy (Velvet)

Lining
 None
 Lined
 Interlined

8 ACCESSORIES

Draw Rods

- | | | | |
|-------------------------------|-----------|-----------------------------------|-----------|
| <input type="checkbox"/> Fine | Qty _____ | <input type="checkbox"/> Standard | Qty _____ |
|-------------------------------|-----------|-----------------------------------|-----------|

9 DECLARATION I confirm the given information & measurements are correct and on this basis wish to proceed with a Quote/Order

SIGNED _____ DATE _____