

Quotation Request Form

Draperies & Sheers

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

TYPE

- ☐ French (Pinch) Pleat
☐ Ripplefold
☐ Accordia-fold
☐ Panel Track System
☐ Other _____

FULLNESS

- ☐ 200% Standard
☐ Other _____

DRAW

- ☐ Center Open
☐ One Way
☐ Other _____

CUT-OUTS REQUIRED (Moulding)

- ☐ Yes ☐ No

MOUNTING

- ☐ Wall ☐ Ceiling

WALL TO WALL

- ☐ Yes ☐ No
☐ Concrete ☐ Drywall

CONSTRUCTION

- ☐ New ☐ Existing

DRAPERY FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)
 Pattern _____
 Color _____
 Width _____
 Vert. Repeat _____
 Horiz. Repeat _____

LININGS

- ☐ 2 Pass Blackout Grey/White
☐ 2 Pass Blackout Grey/Beige
☐ 3 Pass Blackout White/White
☐ 3 Pass Blackout Ivory/Ecru
☐ 3 Pass Blackout White/Beige
☐ Cotton/Poly
☐ Other _____
☐ Unlined

HARDWARE

- ☐ Included ☐ Not Included

HARDWARE TYPE

- ☐ Cord
☐ Baton
☐ White 36" Standard Baton
☐ Clear 36" Baton
☐ Other _____

SHEER FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)
 Pattern _____
 Color _____
 Width _____
 Vert. Repeat _____
 Horiz. Repeat _____

VALUE ENGINEERED MATERIALS (Stock Items)

- ☐ Batiste ☐ White ☐ Marble
☐ Voile ☐ White ☐ Marble

RAILROAD SHEERS

- ☐ Yes ☐ No

WIDTH

- ☐ Covered Corner Weight (std)
☐ Beaded Chain in 1/4" Rolled Hem

TAKE DOWN EXISTING

- ☐ Yes ☐ No

MEASURE AND INSTALL

- ☐ Yes ☐ No

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH

Window Layout Dimensions

CUSTOMER _____

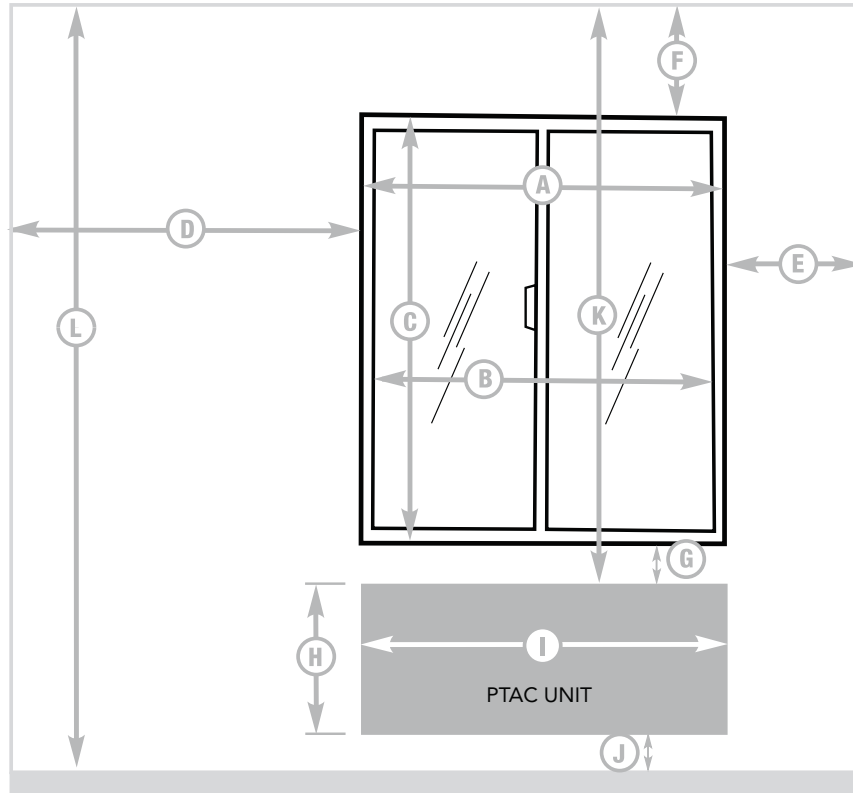
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- B. _____ - Width of Window (inside measurement)
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- E. _____ - Width from Right of Window to Wall
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- G. _____ - Height from Bottom of Window to Top of PTAC
- H. _____ - PTAC Height
- I. _____ - PTAC Width
- J. _____ - Bottom of PTAC to Floor
- K. _____ - Top of PTAC to Ceiling
- L. _____ - Height from Ceiling to Floor

Quotation Request Form

Tiebacks

CUSTOMER

CONTACT NAME

PHONE

EMAIL

PROJECT NAME

Please check the items that are being specified.

TYPE

☐ Straight

☐ Tapered

☐ Straight w/ Banding

☐ Straight w/ Ruffle

☐ Straight Shirred

☐ Straight Shirred w/ Welt

☐ Braided

☐ Straight w/ Rosette

FABRIC

☐ COM (Customer Supplied)

☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

TRIM FABRIC

☐ COM (Customer Supplied)

☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

QTY	AREA	ITEM DESCRIPTION	LENGTH

Quotation Request Form

Custom Roman Shades

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

TYPE

- ☐ Flat Roman
☐ Pleated Roman
☐ Other _____

CONTROL LOCATION

- ☐ Left ☐ Right

TYPE OF CHAIN

- ☐ Steel ☐ Plastic
 (Plastic is recommended in
 tropical environments)

CONSTRUCTION

- ☐ New ☐ Existing

MOUNTING

- ☐ Wall ☐ Ceiling

WALL TO WALL

- ☐ Yes ☐ No
☐ Concrete ☐ Drywall

FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

LININGS

- ☐ Unlined
☐ Self-Lined
☐ Blackout
☐ Other _____

OPTIONAL VALANCE

- ☐ Yes - 4" _____ 6" _____
☐ No

If Valance Fabric is different from Shade
 fabric, specify:

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

TRIM FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

Supply a drawing in the space below
 showing size and location of trim

TAKE DOWN OF EXISTING

- ☐ Yes ☐ No

MEASURE AND INSTALL

- ☐ Yes ☐ No

For Custom Shade submit a
 drawing, along with this form.

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH

Window Layout Dimensions

CUSTOMER _____

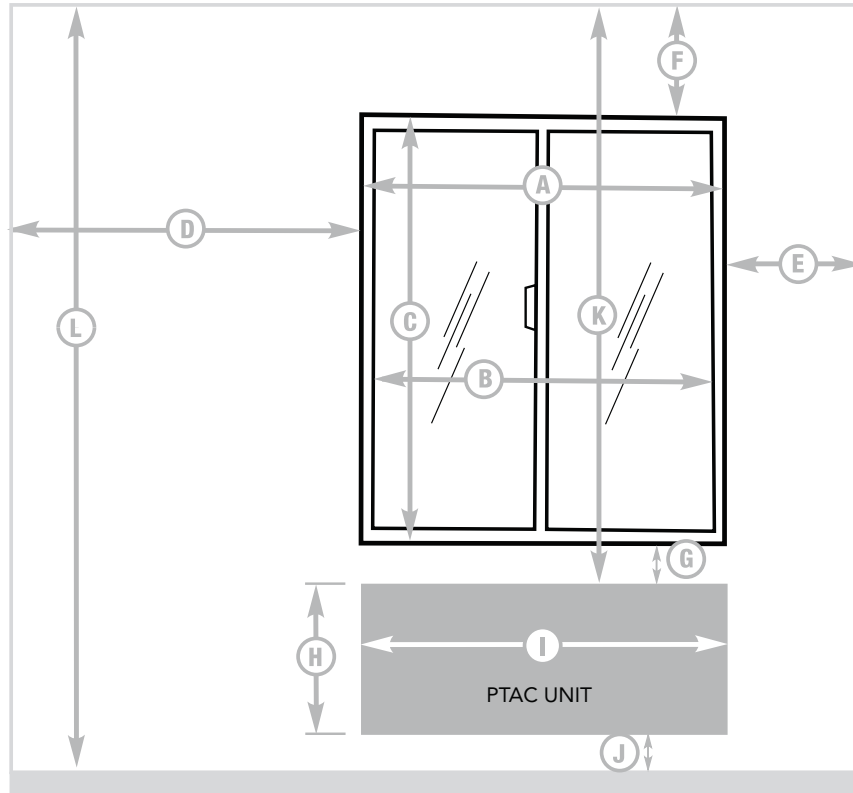
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PHONE _____

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PROJECT NAME _____

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- L. _____ - Height from Ceiling to Floor

Quotation Request Form

Solar & Blackout Roller Shades

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

FABRIC

(Select from choices on pg. A24 & A25)

Series _____

Color _____

TRIM / ACCENT FABRIC

☐ COM (Customer Supplied)

☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

CONTROL LOCATION

☐ Left

☐ Right

CONSTRUCTION

☐ New

☐ Existing

MOUNTING

☐ Wall

☐ Ceiling

WALL TO WALL

☐ Yes

☐ No

☐ Concrete

☐ Drywall

TAKE DOWN OF EXISTING

☐ Yes

☐ No

MEASURE AND INSTALL

☐ Yes

☐ No

Supply a drawing in the space below
showing size and location of trim

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH

Window Layout Dimensions

CUSTOMER _____

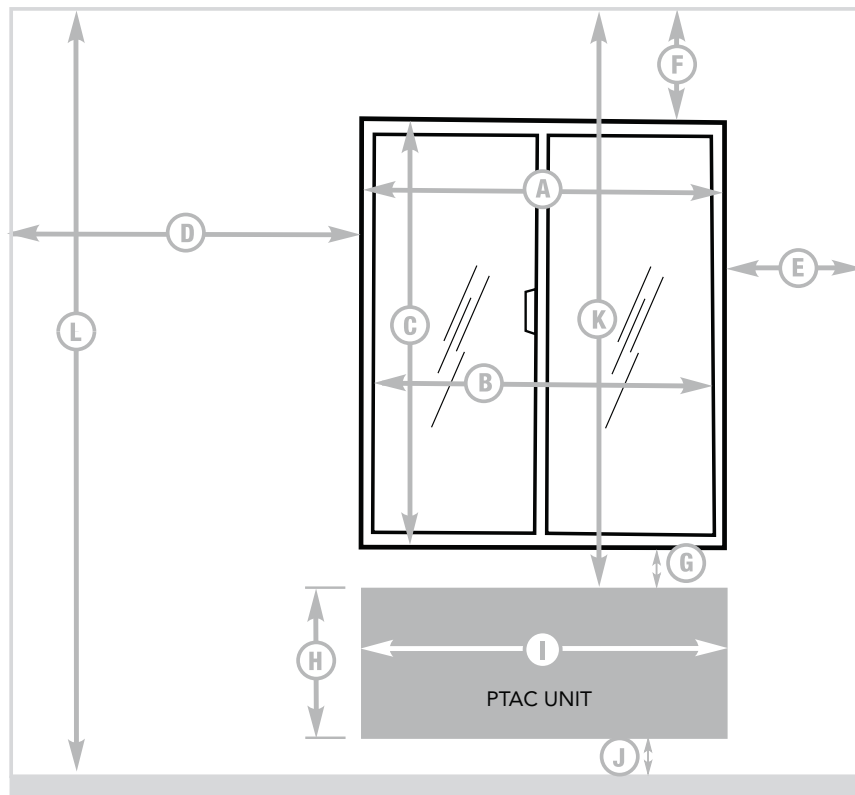
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PHONE _____

EMAIL _____

PROJECT NAME _____

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- L. _____ - Height from Ceiling to Floor

Quotation Request Form

Cornices

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>TYPE</p> <p><input type="checkbox"/> Straight</p> <p><input type="checkbox"/> Shape</p> <p><input type="checkbox"/> Style # _____</p>	<p>FABRIC</p> <p><input type="checkbox"/> COM (Customer Supplied)</p> <p><input type="checkbox"/> Fabric Inclusive (County Supplied)</p> <p>Pattern _____</p> <p>Color _____</p> <p>Width _____</p> <p>Vert. Repeat _____</p> <p>Horiz. Repeat _____</p>	<p>TRIM FABRIC</p> <p><input type="checkbox"/> COM (Customer Supplied)</p> <p><input type="checkbox"/> Fabric Inclusive (County Supplied)</p> <p>Pattern _____</p> <p>Color _____</p> <p>Width _____</p> <p>Vert. Repeat _____</p> <p>Horiz. Repeat _____</p>
<p>RETURNS</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p>	<p>MOUNTING</p> <p><input type="checkbox"/> Wall <input type="checkbox"/> Ceiling</p>	<p>EDGE DETAIL</p> <p><input type="checkbox"/> Welt <input type="checkbox"/> Cord</p> <p><input type="checkbox"/> Trim <input type="checkbox"/> Top & Bottom</p> <p><input type="checkbox"/> Other</p>
<p>CONSTRUCTION</p> <p><input type="checkbox"/> New <input type="checkbox"/> Existing</p>	<p>WALL TO WALL</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Concrete <input type="checkbox"/> Drywall</p>	<p>TAKE DOWN OF EXISTING</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>DUST CAP</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>CUT-OUTS REQUIRED (Mounting)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>MEASURE AND INSTALL</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

For Custom Cornice, submit a drawing along with this form

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH	RETURN LEFT	RETURN RIGHT

Window Layout Dimensions

CUSTOMER _____

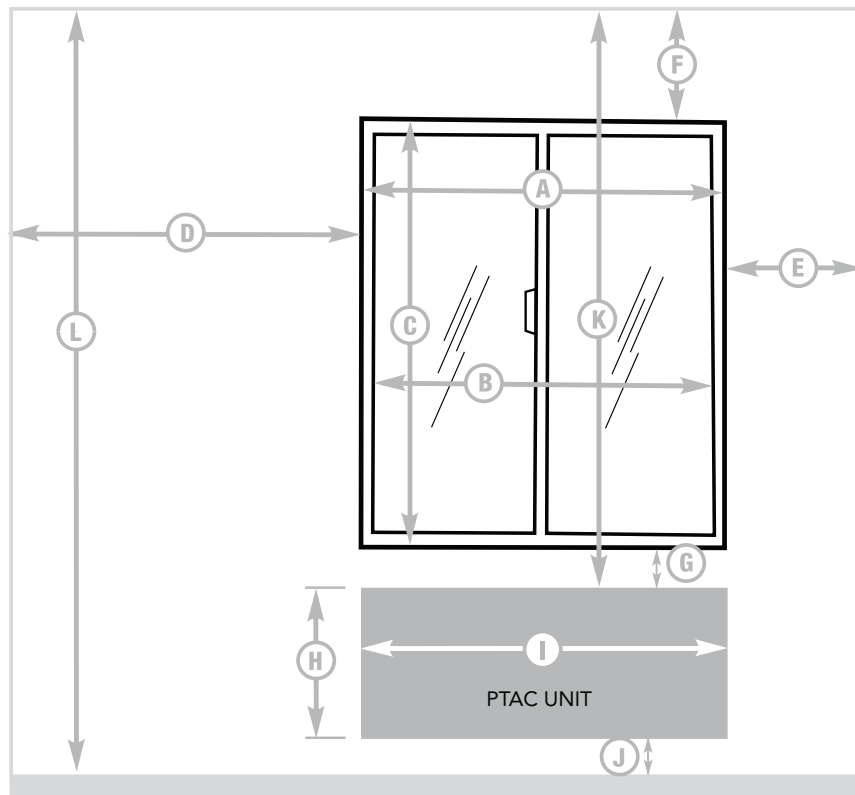
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Quotation Request Form

Valances

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

TYPE

Style Description _____

RETURNS

☐ Left ☐ Right

CONSTRUCTION

☐ New ☐ Existing

DUST CAP

☐ Yes ☐ No

For a Custom Valance, submit a
drawing along with this form

DRAPERY FABRIC

☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

LININGS

☐ 2 Pass Blackout Grey/White
☐ 2 Pass Blackout Grey/Beige
☐ 3 Pass Blackout White/White
☐ 3 Pass Blackout Ivory/Ecru
☐ 3 Pass Blackout White/Beige
☐ Cotton/Poly
☐ Other _____
☐ Unlined

MOUNTING

☐ Wall ☐ Ceiling

WALL TO WALL

☐ Yes ☐ No
☐ Concrete ☐ Drywall

TRIM FABRIC

☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)

Pattern _____

Color _____

Width _____

Vert. Repeat _____

Horiz. Repeat _____

CUT OUTS AROUND CROWN MOULDING

☐ Yes ☐ No

TAKE DOWN OF EXISTING

☐ Yes ☐ No

MEASURE AND INSTALL

☐ Yes ☐ No

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH	RETURN LEFT	RETURN RIGHT

Window Layout Dimensions

CUSTOMER _____

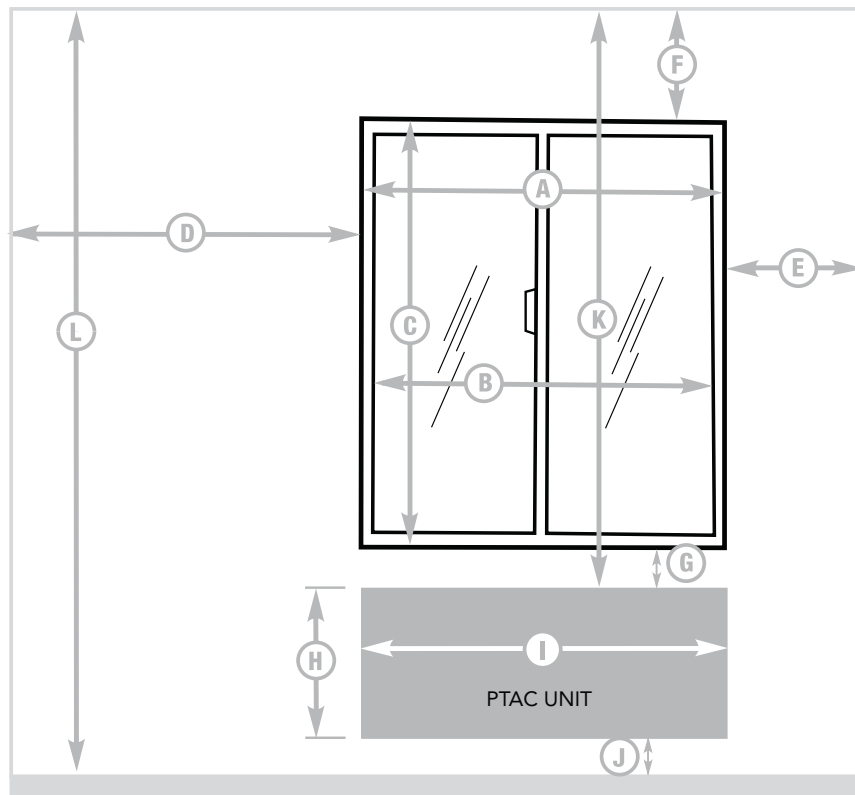
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Quotation Request Form

Swags & Jabots

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

SWAG STYLE

- ☐ Straight
☐ Bias Cut
☐ Description _____

NUMBER OF RETURNS

- ☐ None ☐ One
☐ Two ☐ Return
 Size _____

JABOT STYLE

Description _____

CONSTRUCTION

- ☐ New ☐ Existing

MOUNTING

- ☐ Wall ☐ Ceiling

WALL TO WALL

- ☐ Yes ☐ No
☐ Concrete ☐ Drywall

CUT-OUTS REQUIRED (Mounting)

- ☐ Yes ☐ No

SWAG FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)
 Pattern _____
 Color _____
 Width _____
 Vert. Repeat _____
 Horiz. Repeat _____

LININGS

- ☐ 2 Pass Blackout Grey/White
☐ 2 Pass Blackout Grey/Beige
☐ 3 Pass Blackout White/White
☐ 3 Pass Blackout Ivory/Ecru
☐ 3 Pass Blackout White/Beige
☐ Cotton/Poly
☐ Other _____
☐ Unlined

TAKE DOWN OF EXISTING

- ☐ Yes ☐ No

MEASURE AND INSTALL

- ☐ Yes ☐ No

For a Custom Swag or Jabot Style,
 please sketch the style on a sheet of
 paper and submit that with this form.

JABOT FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)
 Pattern _____
 Color _____
 Width _____
 Vert. Repeat _____
 Horiz. Repeat _____

TRIM / ACCENT FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)
 Pattern _____
 Color _____
 Width _____
 Vert. Repeat _____
 Horiz. Repeat _____

TRIM / ACCENT APPLIED TO

- ☐ Swag ☐ Jabot

Supply a drawing in the space below
 showing size and location of trim

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH	RETURN LEFT	RETURN RIGHT

Window Layout Dimensions

CUSTOMER _____

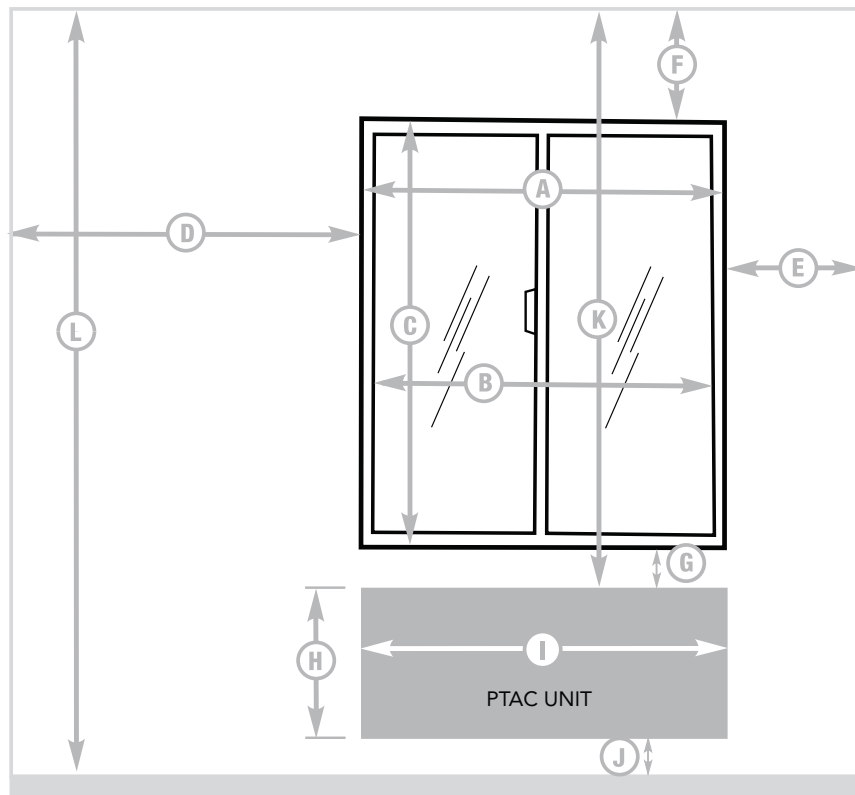
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Quotation Request Form

Blinds

CUSTOMER

CONTACT NAME

PHONE

EMAIL

PROJECT NAME

Please check the items that are being specified.

TYPE

☐ 2" Non-FR Real Wood

☐ 2" FR Faux Wood

☐ 2" FR Composite

☐ 2" FR Nature Made™

Collection:

Color:

CONSTRUCTION

☐ New

☐ Existing

WINDOW SILL MOUNTING

☐ Inside

☐ Outside

WALL TO WALL

☐ Yes

☐ No

☐ Concrete

☐ Drywall

TAKE DOWN OF EXISTING

☐ Yes

☐ No

MEASURE AND INSTALL

☐ Yes

☐ No

CONTROL LOCATION

☐ Left

☐ Right

TILT LOCATION

☐ Left

☐ Right

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH

Window Layout Dimensions

CUSTOMER _____

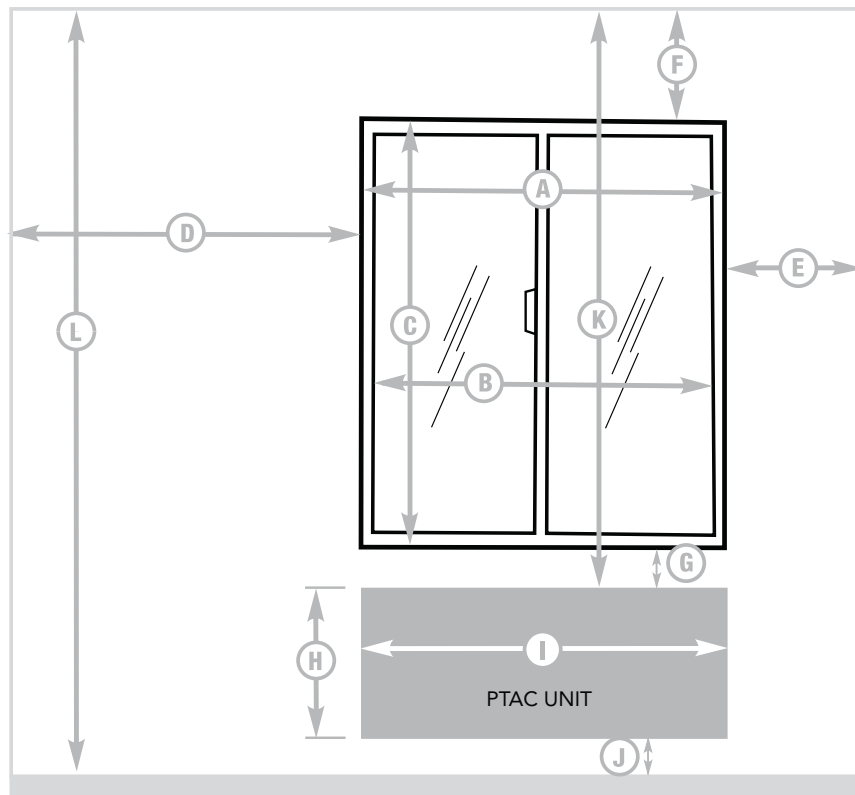
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Quotation Request Form

Shower Curtains

CUSTOMER

CONTACT NAME

PHONE

EMAIL

PROJECT NAME

Please check the items that are being specified.

STYLE

☐ Grommet Top

☐ Button Hole Top

☐ Other

OPTIONS

☐ Pinch Pleated with Tiebacks

FABRIC

☐ COM (Customer Supplied)

☐ Fabric Inclusive (County Supplied)

Pattern

Color

Width

Vert. Repeat

Horiz. Repeat

VINYL LINER

☐ Yes

☐ No

CARRIERS

☐ Plastic

☐ Ball Bearing

QTY	AREA	ITEM DESCRIPTION	ROD SIZE	FINISHED LENGTH

Quotation Request Form

Cubicle Curtains

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

STYLE

- ☐ Straight Track
☐ Curved Track
☐ Track Angle
☐ Other _____

FABRIC

- ☐ COM (Customer Supplied)
☐ Fabric Inclusive (County Supplied)
 Pattern _____
 Color _____
 Width _____
 Vert. Repeat _____
 Horiz. Repeat _____

FULLNESS

- ☐ 10% (standard)
☐ Other _____

GROMMET

- ☐ Nickel Plated Finish
☐ Brass Finish

MESH

- ☐ Yes ☐ No

HEIGHT OF MESH

- ☐ 20"
☐ 21"
☐ 22"
 Other _____

HARDWARE

- ☐ Yes ☐ No

MEASURE AND INSTALL

- ☐ Yes ☐ No

QTY

AREA

ITEM DESCRIPTION

ROD SIZE

FINISHED LENGTH
INCLUDING MESH TOP
