



Request for Quote: DRAPERIES

DATE:

CUSTOMER

Company Name:
Address:
City/State/Zip:
Ph:
Fax:
Contact Name:
Cell:
Email:

PROJECT

Property Name:
Address:
City/State/Zip:

SCOPE

Requested Delivery Date (MM/DD/YY): _____
 New Construction Renovation
of Rooms: _____

SPECIFICATIONS (Check as required)

DESCRIPTION

Pinch Pleated 200%
 250%
 Other: _____

Ripplefold 80% (200% Fullness Equivalent)
 100% (225% Fullness Equivalent)
 120% (250% Fullness Equivalent)
 Other: _____

Other _____

Linings 2-Pass Blackout Grey/White
 2-Pass Blackout Grey/Ecru
 3-Pass Blackout White/White
 3-Pass Blackout White/Ecru
 Cotton/Poly (Non-Blackout)
 Other: _____
 Unlined

FABRICS

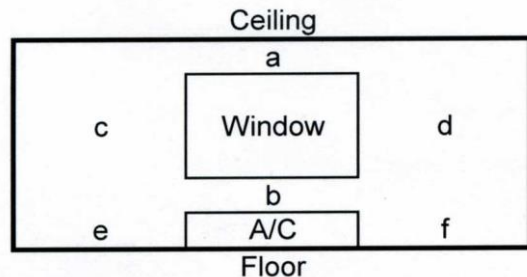
Face Fabric (Mill)				Contrast Fabric(s) (Mill)			
Basecloth				Basecloth			
Pattern				Pattern			
Color				Color			
Content				Content			
Width				Width			
Repeats	Horiz:		Vert:	Repeats	Horiz:		Vert:

QUANTITIES / MEASUREMENTS

Quantity Required _____
Window Width _____ inches
Window Length _____ inches
Window to Ceiling (a) _____ inches
Sill to A/C(b) _____ inches
Wall Space - Left (c) _____ inches
Wall Space - Right (d) _____ inches
Wall - Left of A/C (e) _____ inches
Wall - Right of A/C (f) _____ inches
Ceiling to Floor _____ inches

Draw Center
 One-way
 Offset

Hardware Existing Wall Mount - Rod Width: _____
 Existing Ceiling Mount - Rod Width: _____
 New Wall Mount Required
 New Ceiling Mount Required



Installation Yes: Union
 Yes: Non-Union

Attaching to: Drywall
 Concrete
 Other: _____