

Quotation Request Form

Draperies & Sheers

CUSTOMER _____

CONTACT NAME _____

PHONE _____ EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

- | | | |
|---|--|---|
| <p>TYPE</p> <p><input type="checkbox"/> French (Pinch) Pleat</p> <p><input type="checkbox"/> Ripplefold</p> <p><input type="checkbox"/> Accordia-fold</p> <p><input type="checkbox"/> Panel Track System</p> <p><input type="checkbox"/> Other _____</p> <p>FULLNESS</p> <p><input type="checkbox"/> 200% Standard</p> <p><input type="checkbox"/> Other _____</p> <p>DRAW</p> <p><input type="checkbox"/> Center Open</p> <p><input type="checkbox"/> One Way</p> <p><input type="checkbox"/> Other _____</p> <p>CUT-OUTS REQUIRED
(Moulding)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>MOUNTING</p> <p><input type="checkbox"/> Wall <input type="checkbox"/> Ceiling</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>CONSTRUCTION</p> <p><input type="checkbox"/> New <input type="checkbox"/> Existing</p> | <p>DRAPERY 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>LININGS</p> <p><input type="checkbox"/> 2 Pass Blackout Grey/White</p> <p><input type="checkbox"/> 2 Pass Blackout Grey/Beige</p> <p><input type="checkbox"/> 3 Pass Blackout White/White</p> <p><input type="checkbox"/> 3 Pass Blackout Ivory/Ecru</p> <p><input type="checkbox"/> 3 Pass Blackout White/Beige</p> <p><input type="checkbox"/> Cotton/Poly</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unlined</p> <p>HARDWARE</p> <p><input type="checkbox"/> Included <input type="checkbox"/> Not Included</p> <p>HARDWARE TYPE</p> <p><input type="checkbox"/> Cord</p> <p><input type="checkbox"/> Baton</p> <p><input type="checkbox"/> White 36" Standard Baton</p> <p><input type="checkbox"/> Clear 36" Baton</p> <p><input type="checkbox"/> Other _____</p> | <p>SHEER 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>VALUE ENGINEERED MATERIALS
(Stock Items)</p> <p><input type="checkbox"/> Batiste <input type="checkbox"/> White <input type="checkbox"/> Marble</p> <p><input type="checkbox"/> Voile <input type="checkbox"/> White <input type="checkbox"/> Marble</p> <p>RAILROAD SHEERS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WIDTH</p> <p><input type="checkbox"/> Covered Corner Weight (std)</p> <p><input type="checkbox"/> Beaded Chain in 1/4" Rolled Hem</p> <p>TAKE DOWN EXISTING</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> |
|---|--|---|

QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH



Quotation Request Form

Window Layout Dimensions

CUSTOMER _____

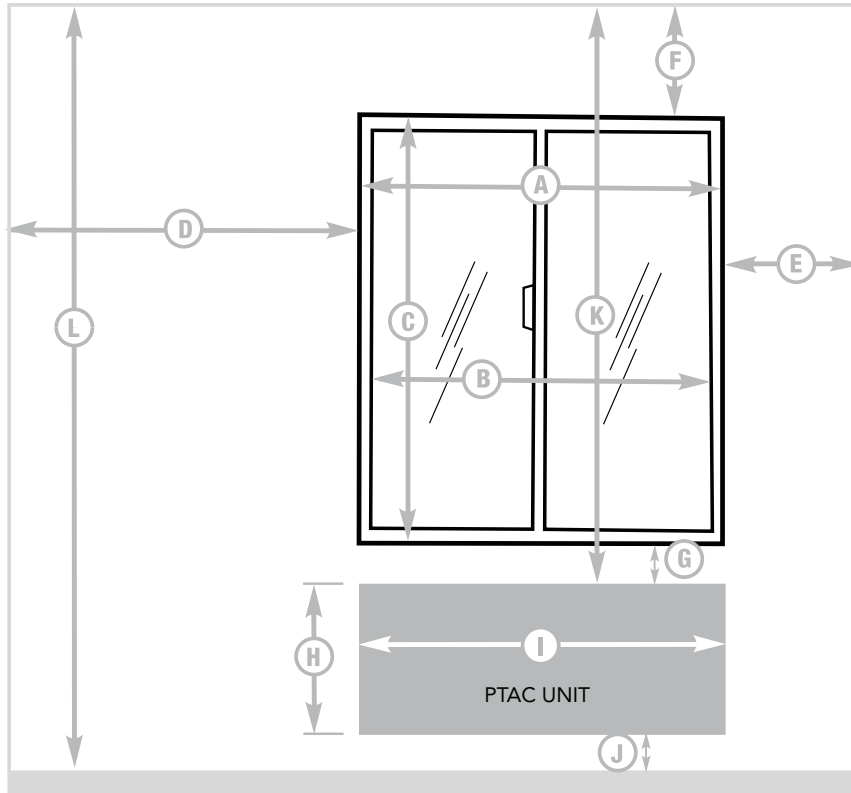
CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

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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 | FABRIC | TRIM FABRIC |
|---|---|---|
| <input type="checkbox"/> Straight | <input type="checkbox"/> COM (Customer Supplied) | <input type="checkbox"/> COM (Customer Supplied) |
| <input type="checkbox"/> Tapered | <input type="checkbox"/> Fabric Inclusive (County Supplied) | <input type="checkbox"/> Fabric Inclusive (County Supplied) |
| <input type="checkbox"/> Straight w/ Banding | Pattern _____ | Pattern _____ |
| <input type="checkbox"/> Straight w/ Ruffle | Color _____ | Color _____ |
| <input type="checkbox"/> Straight Shirred | Width _____ | Width _____ |
| <input type="checkbox"/> Straight Shirred w/ Welt | Vert. Repeat _____ | Vert. Repeat _____ |
| <input type="checkbox"/> Braided | Horiz. Repeat _____ | Horiz. Repeat _____ |
| <input type="checkbox"/> Straight w/ Rosette | | |

QTY	AREA	ITEM DESCRIPTION	LENGTH



Quotation Request Form

Roman & Custom Shades

CUSTOMER _____

CONTACT NAME _____

PHONE _____ EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p style="text-align: center;">TYPE</p> <p><input type="checkbox"/> Flat Roman</p> <p><input type="checkbox"/> Pleated Roman</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">CONTROL LOCATION</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p style="text-align: center;">TYPE OF CHAIN</p> <p><input type="checkbox"/> Steel <input type="checkbox"/> Plastic (Plastic is recommended in tropical environments)</p> <p style="text-align: center;">CONSTRUCTION</p> <p><input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p style="text-align: center;">MOUNTING</p> <p><input type="checkbox"/> Wall <input type="checkbox"/> Ceiling</p> <p style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">LININGS</p> <p><input type="checkbox"/> Unlined</p> <p><input type="checkbox"/> Self-Lined</p> <p><input type="checkbox"/> Blackout</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">OPTIONAL VALANCE</p> <p><input type="checkbox"/> Yes - 4" _____ 6" _____</p> <p><input type="checkbox"/> No</p> <p>If Valance Fabric is different from Shade fabric, specify:</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 style="text-align: center;">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 style="text-align: center;">Supply a drawing in the space below showing size and location of trim</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center;">TAKE DOWN OF EXISTING</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">MEASURE AND INSTALL</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>For Custom Shade submit a drawing, along with this form.</p> </div>
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QTY	AREA	ITEM DESCRIPTION	FINISHED WIDTH	FINISHED LENGTH

Quotation Request Form

Window Layout Dimensions

CUSTOMER _____

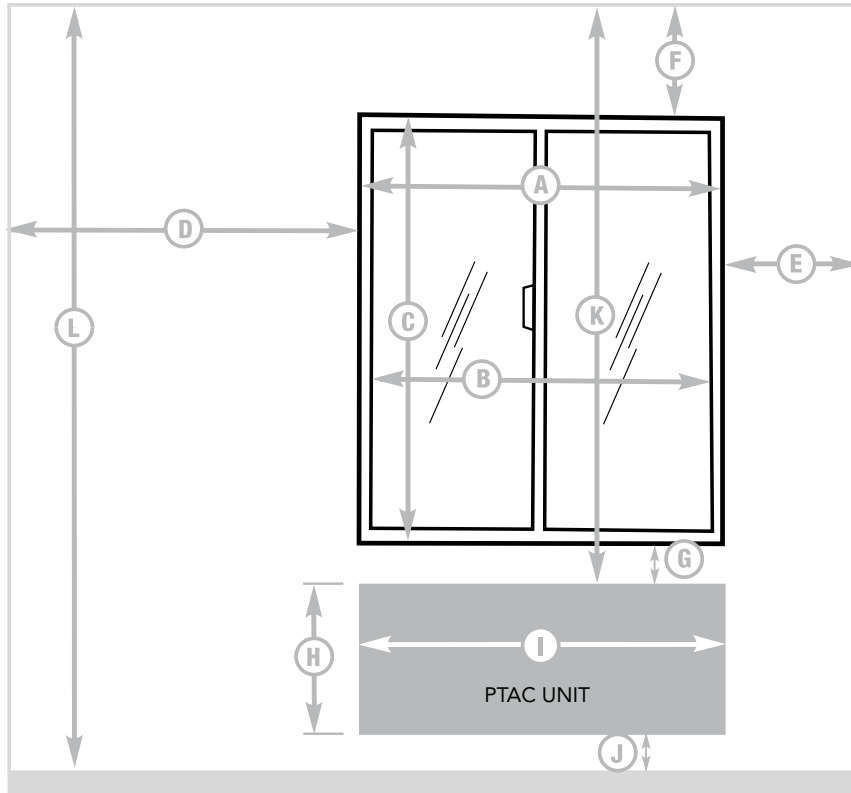
CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

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- E. _____ - Width from Right of Window to Wall
- F. _____ - Height from Top of Window to Ceiling
- 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

Solar 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



Quotation Request Form

Window Layout Dimensions

CUSTOMER _____

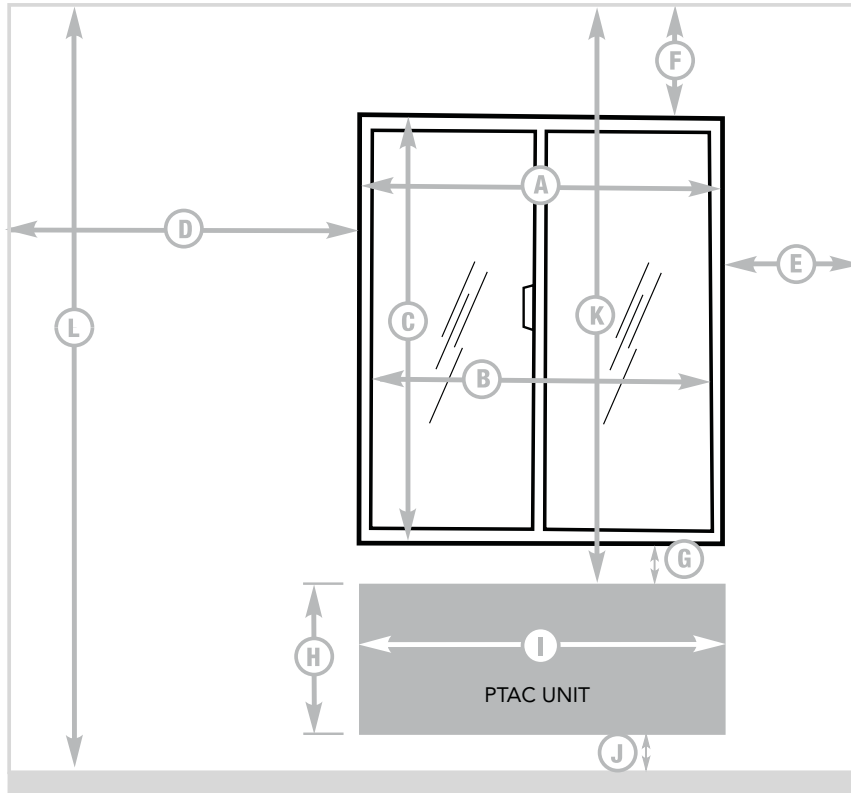
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PHONE _____

EMAIL _____

PROJECT NAME _____

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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



Quotation Request Form

Window Layout Dimensions

CUSTOMER _____

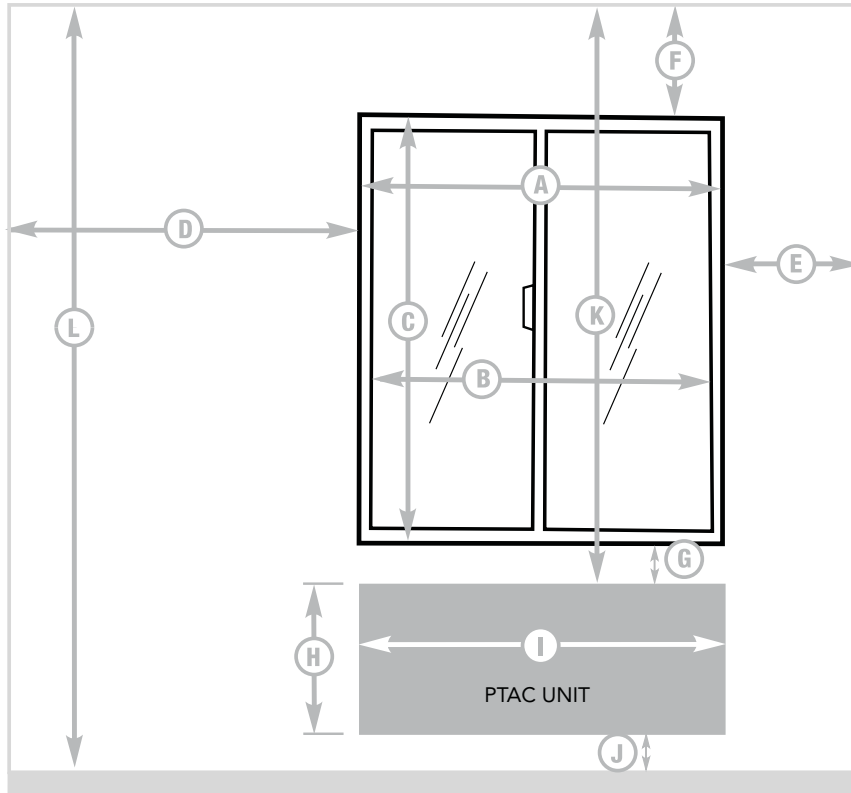
CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

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- L. _____ - Height from Ceiling to Floor

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



Quotation Request Form

Window Layout Dimensions

CUSTOMER _____

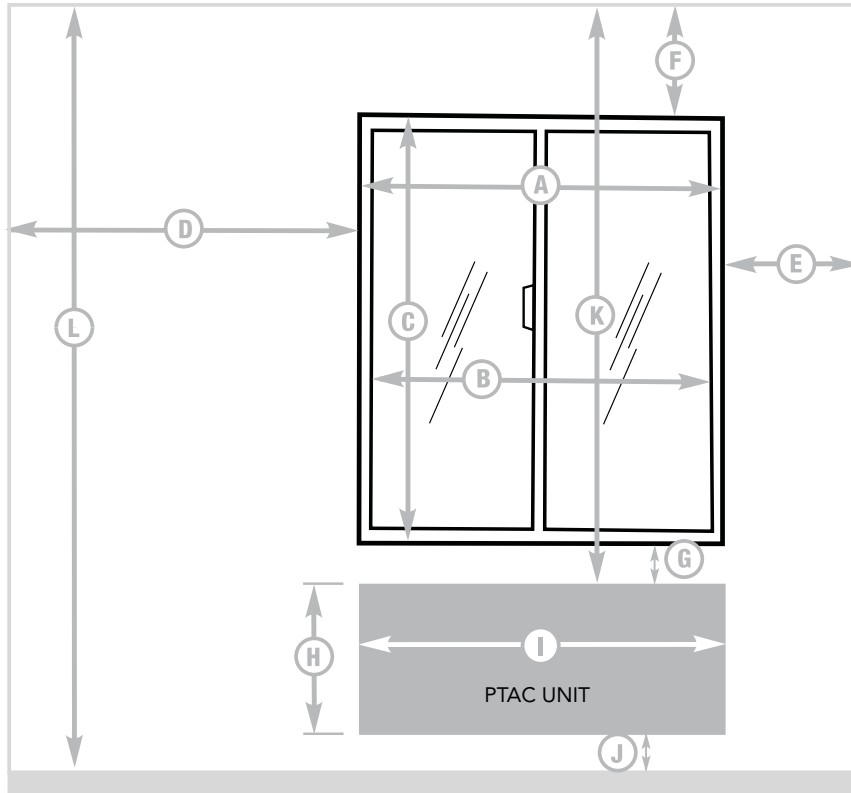
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Quotation Request Form

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



Quotation Request Form

Window Layout Dimensions

CUSTOMER _____

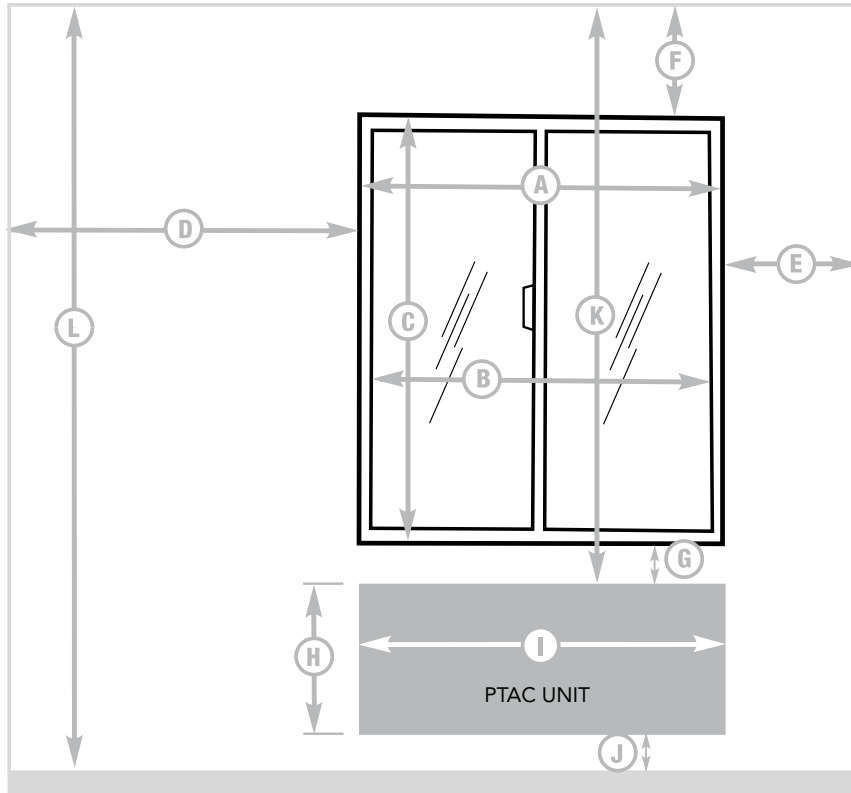
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Quotation Request Form

Blinds

CUSTOMER _____

CONTACT NAME _____

PHONE _____ EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>TYPE</p> <p><input type="checkbox"/> 2" Non-FR Real Wood</p> <p><input type="checkbox"/> 2" FR Faux Wood</p> <p><input type="checkbox"/> 2" FR Composite</p> <p><input type="checkbox"/> 2" FR Nature Made™</p> <p>Collection: _____</p> <p>Color: _____</p> <p>CONTROL LOCATION</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p>TILT LOCATION</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right</p>	<p>CONSTRUCTION</p> <p><input type="checkbox"/> New <input type="checkbox"/> Existing</p> <p>WINDOW SILL MOUNTING</p> <p><input type="checkbox"/> Inside <input type="checkbox"/> Outside</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>MEASURE AND INSTALL</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Quotation Request Form

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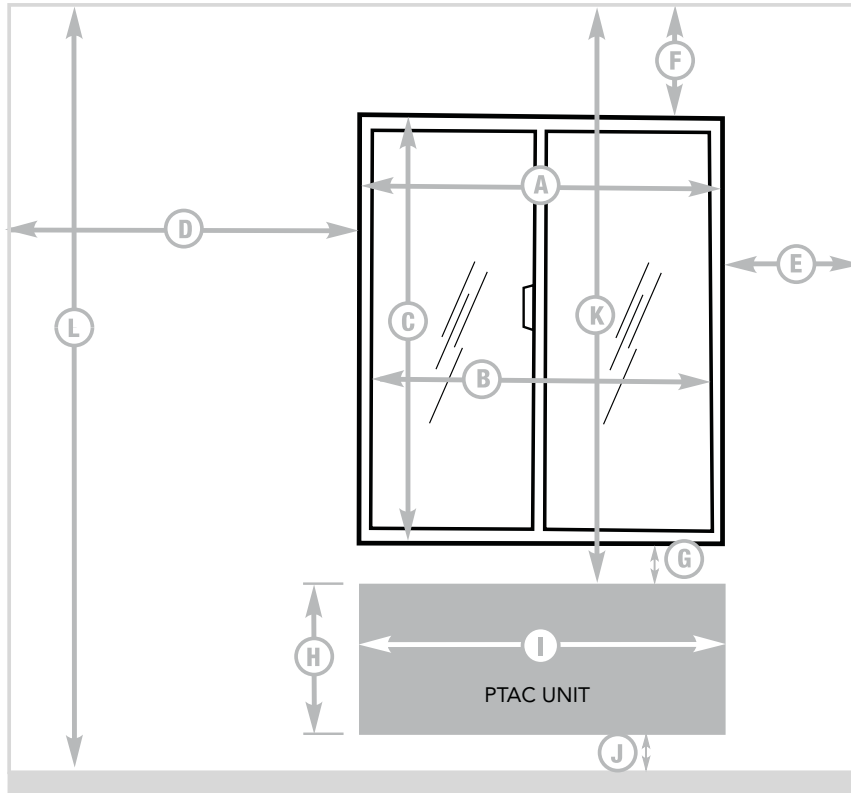
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Quotation Request Form

Duvet Covers and Inserts

CUSTOMER _____

CONTACT NAME _____

PHONE _____ EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>TYPE</p> <p><input type="checkbox"/> Duvet Cover w/ Welt Cord</p> <p><input type="checkbox"/> Duvet Cover w/ Tie Closure</p> <p><input type="checkbox"/> Duvet Cover w/ Button Closure</p> <p>OPTIONAL DESIGNS</p> <p><input type="checkbox"/> Reverse Sham</p> <p><input type="checkbox"/> Reverse Sham w/ Accent Welt</p> <p><input type="checkbox"/> Accent Band</p> <p>CLOSURES</p> <p><input type="checkbox"/> Zipper <input type="checkbox"/> Velcro</p> <p><input type="checkbox"/> Button Top (optional)</p> <p><input type="checkbox"/> Flap Top (optional)</p> <p><input type="checkbox"/> Envelope</p> <p>EDGES</p> <p><input type="checkbox"/> Knife <input type="checkbox"/> Flange</p> <p><input type="checkbox"/> Welt</p>	<p>SIZE</p> <p>W x L x Drop</p> <p><input type="checkbox"/> King _____</p> <p><input type="checkbox"/> Queen _____</p> <p><input type="checkbox"/> Double _____</p> <p><input type="checkbox"/> Twin _____</p> <p>FACE 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>REVERSE 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>FILL TYPE</p> <p><input type="checkbox"/> Continuous filament fiberfill (hypoallergenic polyester)</p> <p><input type="checkbox"/> Natural Down</p> <p>INSERT SHELL</p> <p><input type="checkbox"/> 70/30 Preshrunk Poly/Cotton</p> <p><input type="checkbox"/> Standard (63 x 37 count)</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>
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QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Duvets

CUSTOMER _____

CONTACT NAME _____

PHONE _____

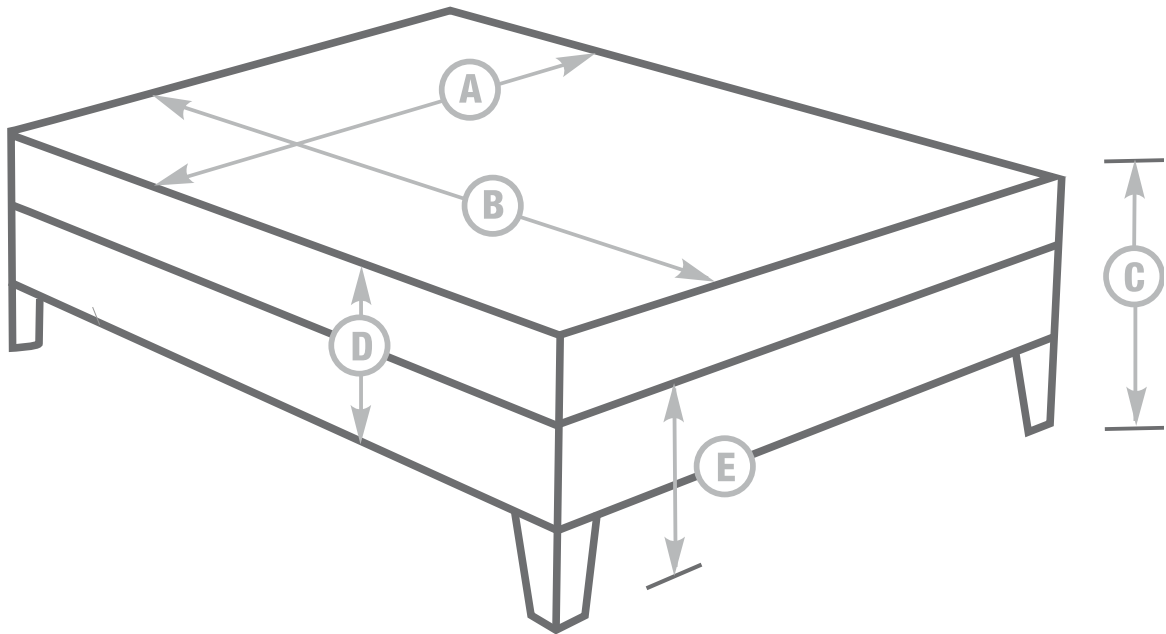
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
B. _____ - Length of Bed
C. _____ - Drop from Top of Mattress to Floor
D. _____ - Height from Top of Mattress to Bottom of Box Spring
E. _____ - Distance from Top of Box Spring to Floor

Quotation Request Form

Bed Skirts

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>TYPE</p> <p><input type="checkbox"/> Shirred <input type="checkbox"/> Tailored</p> <p><input type="checkbox"/> Box Pleat <input type="checkbox"/> Corner Pleated</p> <p>PLEATS</p> <p><input type="checkbox"/> Standard 6" Pleats</p> <p><input type="checkbox"/> 8" <input type="checkbox"/> 10"</p> <p><input type="checkbox"/> Other _____</p> <p>SPLIT CORNERS</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ANTI-SLIPPAGE OPTIONS</p> <p><input type="checkbox"/> Fitted Cap <input type="checkbox"/> Elasticized Corner</p> <p><input type="checkbox"/> Hugger <input type="checkbox"/> Grippers</p>	<p>SIZE</p> <p>W x L x Drop</p> <p><input type="checkbox"/> King _____</p> <p><input type="checkbox"/> Queen _____</p> <p><input type="checkbox"/> Double _____</p> <p><input type="checkbox"/> Twin _____</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>CAN FABRIC BE RAILROADED ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>ACCENTED COORDINATING GUSSET FABRIC</p> <p>(for Tailored and Corner Pleated styles only)</p> <p><input type="checkbox"/> COM</p> <p> Pattern _____</p> <p> Color _____</p> <p> Width _____</p> <p> Vert. Repeat _____</p> <p> Horiz. Repeat _____</p>	<p>DECKING</p> <p><input type="checkbox"/> 70/30 Preshrunk Poly/Cotton</p> <p><input type="checkbox"/> Other _____</p> <p>PLATFORM STRIPS</p> <p><input type="checkbox"/> Standard 4" Strips</p> <p><input type="checkbox"/> Other _____</p> <p>LINING</p> <p><input type="checkbox"/> Unlined</p> <p><input type="checkbox"/> Lined with 70/30 Poly/Cotton</p> <p><input type="checkbox"/> Lined with 100% Polyester</p> <p>LINING COLOR</p> <p><input type="checkbox"/> White <input type="checkbox"/> Ivory</p> <p><input type="checkbox"/> Other _____</p>
--	---	---

QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Bed Skirts

CUSTOMER

CONTACT NAME

PHONE

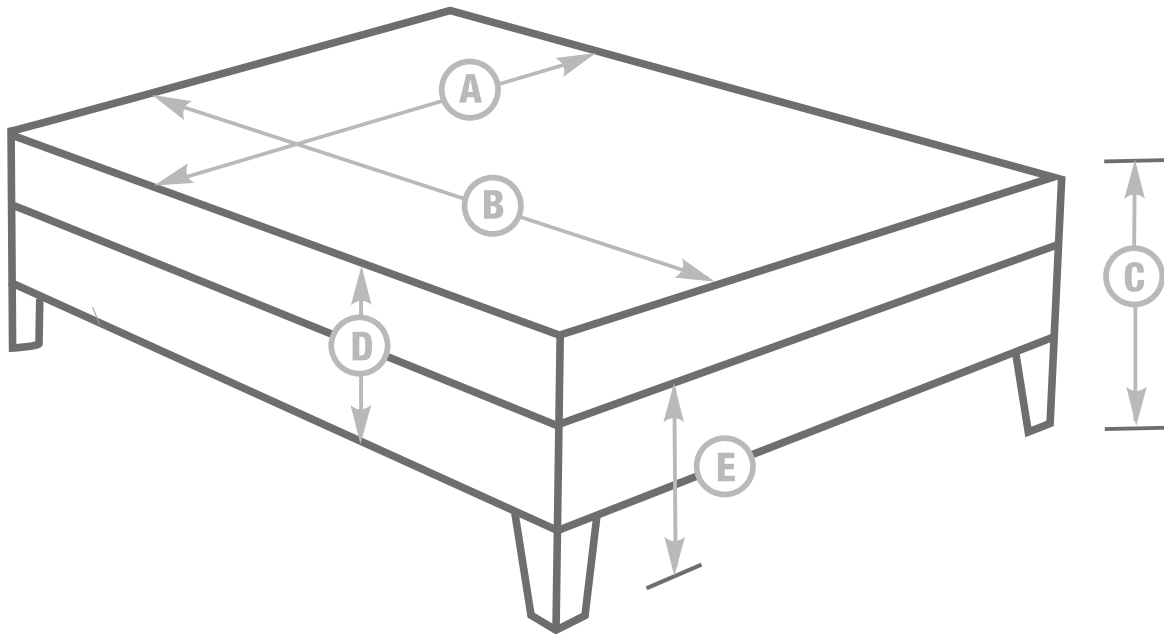
EMAIL

PROJECT NAME

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
- B. _____ - Length of Bed
- C. _____ - Drop from Top of Mattress to Floor
- D. _____ - Height from Top of Mattress to Bottom of Box Spring
- E. _____ - Distance from Top of Box Spring to Floor

Quotation Request Form

Box Spring Covers

CUSTOMER _____

CONTACT NAME _____

PHONE _____ EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>TYPE</p> <input type="checkbox"/> Shirred <input type="checkbox"/> Tailored <input type="checkbox"/> Box Pleat <input type="checkbox"/> Corner Pleated		<p>SIZE</p> <p>W x L x Drop</p> <input type="checkbox"/> King _____ _____ _____ <input type="checkbox"/> Queen _____ _____ _____ <input type="checkbox"/> Double _____ _____ _____ <input type="checkbox"/> Twin _____ _____ _____			<p>DECKING</p> <input type="checkbox"/> 70/30 Preshrunk Poly/Cotton <input type="checkbox"/> Other _____	
<p>PLEATS</p> <input type="checkbox"/> Standard 6" Pleats <input type="checkbox"/> 8" <input type="checkbox"/> 10" <input type="checkbox"/> Other _____		<p>FABRIC</p> <input type="checkbox"/> COM (Customer Supplied) <input type="checkbox"/> Fabric Inclusive (County Supplied) Pattern _____ Color _____ Width _____ Vert. Repeat _____ Horiz. Repeat _____			<p>PLATFORM STRIPS</p> <input type="checkbox"/> Standard 4" Strips <input type="checkbox"/> Other _____	
<p>SPLIT CORNERS</p> <input type="checkbox"/> Yes <input type="checkbox"/> No		<p>CAN FABRIC BE RAILROADED ?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No			<p>LINING</p> <input type="checkbox"/> Unlined <input type="checkbox"/> Lined with 70/30 Poly/Cotton <input type="checkbox"/> Lined with 100% Polyester	
<p>ANTI-SLIPPAGE OPTIONS</p> <input type="checkbox"/> Hugger (elasticized around the entire perimeter) <input type="checkbox"/> Hugger (elasticized at corners only) <input type="checkbox"/> Classic Zip Closure		<p>ACCENTED COORDINATING GUSSET FABRIC</p> <p>(for Tailored and Corner Pleated styles only)</p> <input type="checkbox"/> COM Pattern _____ Color _____ Width _____ Vert. Repeat _____ Horiz. Repeat _____			<p>LINING COLOR</p> <input type="checkbox"/> White <input type="checkbox"/> Ivory <input type="checkbox"/> Other _____	

QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Box Spring Covers

CUSTOMER _____

CONTACT NAME _____

PHONE _____

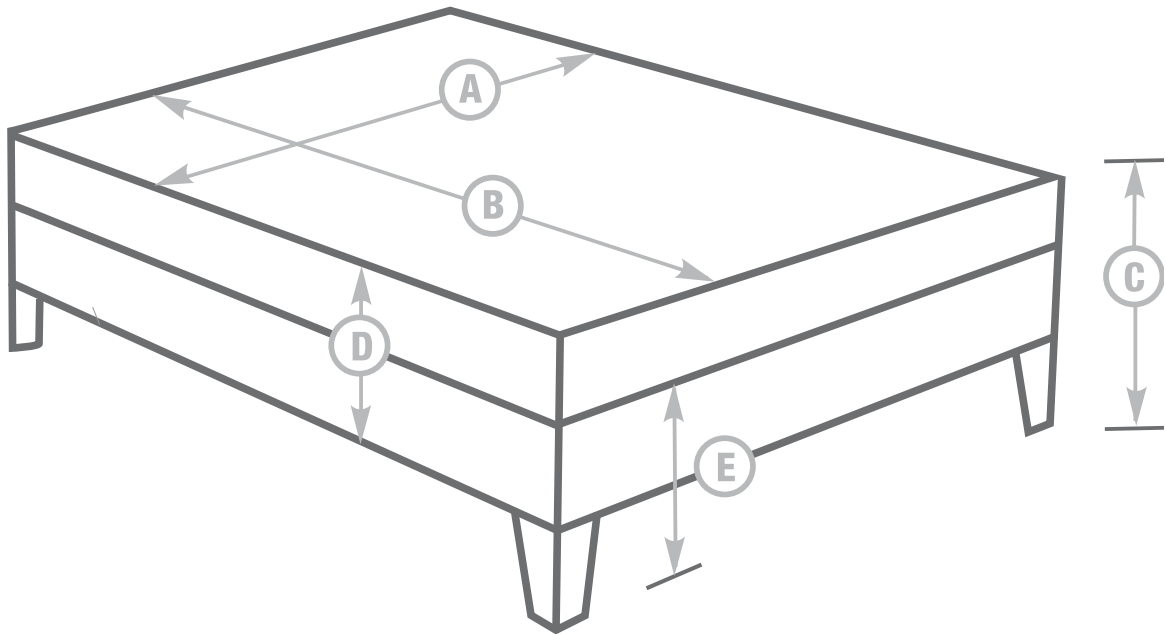
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
- B. _____ - Length of Bed
- C. _____ - Drop from Top of Mattress to Floor
- D. _____ - Height from Top of Mattress to Bottom of Box Spring
- E. _____ - Distance from Top of Box Spring to Floor

Quotation Request Form

Bed Scarves

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>STYLE</p> <p><input type="checkbox"/> Unquilted <input type="checkbox"/> Quilted</p> <p><input type="checkbox"/> Quilting Pattern _____</p> <p>EDGE DETAIL</p> <p><input type="checkbox"/> Knife Edge</p> <p>OPTIONS</p> <p><input type="checkbox"/> Accent Band <input type="checkbox"/> Trim</p> <p><input type="checkbox"/> Welt</p> <p>LINED</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>SIZE OF BED SCARF W x L</p> <p><input type="checkbox"/> King 105" x 25"</p> <p><input type="checkbox"/> Queen 90" x 25"</p> <p><input type="checkbox"/> Double 85" x 25"</p> <p><input type="checkbox"/> Twin 69" x 25"</p> <p><input type="checkbox"/> Custom ____ x ____</p> <p>FACE 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>REVERSE 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>INTERLINED</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FILL TYPE</p> <p><input type="checkbox"/> Standard (Bonded Poly Fill)</p> <p>FILL WEIGHT</p> <p><input type="checkbox"/> 6 oz. <input type="checkbox"/> 8 oz. (standard)</p> <p><input type="checkbox"/> 10 oz. <input type="checkbox"/> 12 oz.</p> <p><input type="checkbox"/> Other _____</p>
--	--	--

QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Bed Scarves

CUSTOMER _____

CONTACT NAME _____

PHONE _____

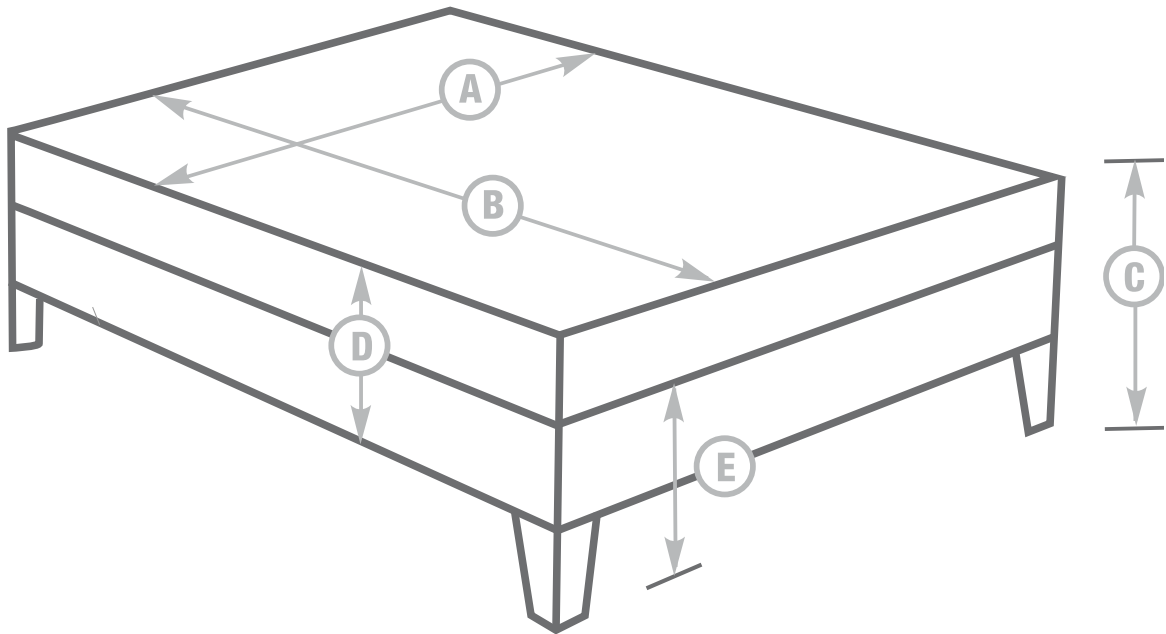
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
B. _____ - Length of Bed
C. _____ - Drop from Top of Mattress to Floor
D. _____ - Height from Top of Mattress to Bottom of Box Spring
E. _____ - Distance from Top of Box Spring to Floor

Quotation Request Form

Bed Wraps

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>STYLE</p> <p><input type="checkbox"/> Unquilted <input type="checkbox"/> Quilted</p> <p><input type="checkbox"/> Quilting Pattern _____</p> <p>EDGE DETAIL</p> <p><input type="checkbox"/> Knife Edge</p> <p>OPTIONS</p> <p><input type="checkbox"/> Accent Band <input type="checkbox"/> Trim</p> <p><input type="checkbox"/> Welt</p> <p>LINED</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>SIZE OF BED WRAP W x L</p> <p><input type="checkbox"/> King 105" x 48"</p> <p><input type="checkbox"/> Queen 90" x 48"</p> <p><input type="checkbox"/> Double 85" x 48"</p> <p><input type="checkbox"/> Twin 69" x 48"</p> <p><input type="checkbox"/> Custom ____ x ____</p> <p>FACE 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>REVERSE 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>INTERLINED</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FILL TYPE</p> <p><input type="checkbox"/> Standard (Bonded Poly Fill)</p> <p>FILL WEIGHT</p> <p><input type="checkbox"/> 6 oz. <input type="checkbox"/> 8 oz. (standard)</p> <p><input type="checkbox"/> 10 oz. <input type="checkbox"/> 12 oz.</p> <p><input type="checkbox"/> Other _____</p>
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QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Bed Wraps

CUSTOMER _____

CONTACT NAME _____

PHONE _____

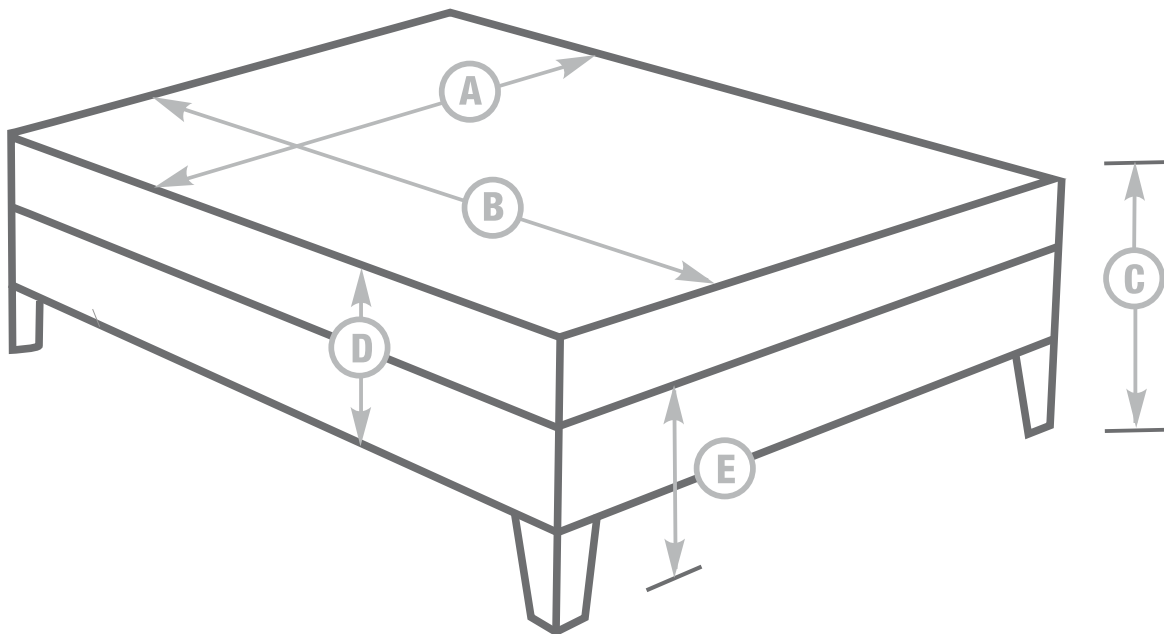
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
B. _____ - Length of Bed
C. _____ - Drop from Top of Mattress to Floor
D. _____ - Height from Top of Mattress to Bottom of Box Spring
E. _____ - Distance from Top of Box Spring to Floor

Quotation Request Form

Pillows, Bolsters & Shams

CUSTOMER _____

CONTACT NAME _____

PHONE _____ EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p>TYPE OF PILLOW</p> <p><input type="checkbox"/> Knife Edge (standard)</p> <p><input type="checkbox"/> Knife Edge w/ Cord Edge</p> <p><input type="checkbox"/> Mltered Flange</p> <p><input type="checkbox"/> Cord Edge w/ Button</p> <p><input type="checkbox"/> Ruffled</p> <p><input type="checkbox"/> Turkish Corners</p> <p><input type="checkbox"/> Tassled Corners</p>	<p>TYPE OF SHAM</p> <p><input type="checkbox"/> Plain w/ Pillowcase Back</p> <p><input type="checkbox"/> Flange</p> <p><input type="checkbox"/> Quilted Face Sham w/ Flange</p> <p><input type="checkbox"/> Ruffled</p> <p><input type="checkbox"/> Ruffled w/ 1/4" Welt in Center</p>	<p>FABRIC</p> <p><input type="checkbox"/> COM</p> <p>Pattern _____</p> <p>Color _____</p> <p>Width _____</p> <p>Repeat _____</p> <p>Vert. _____</p> <p>Horiz. _____</p>
<p>TYPE OF BOLSTER</p> <p><input type="checkbox"/> Cylindrical</p> <p><input type="checkbox"/> Cylindrical w/ Welt</p> <p><input type="checkbox"/> Cylindrical w/ Welt & Button</p> <p><input type="checkbox"/> Cylindrical w/ Tassel</p>	<p>SHAM SIZE</p> <p><input type="checkbox"/> Full</p> <p><input type="checkbox"/> Queen</p> <p><input type="checkbox"/> King</p> <p><input type="checkbox"/> Euro</p>	<p>TRIM FABRIC</p> <p><input type="checkbox"/> COM</p> <p>Pattern _____</p> <p>Color _____</p> <p>Width _____</p> <p>Repeat _____</p> <p>Vert. _____</p> <p>Horiz. _____</p>
<p>EDGE DETAIL</p> <p><input type="checkbox"/> 1/4" Welt Cord</p> <p><input type="checkbox"/> 1/2" Welt Cord</p> <p><input type="checkbox"/> 1" Welt Cord</p>	<p>STYLE OF BACK</p> <p><input type="checkbox"/> Overlap Pillowcased</p> <p><input type="checkbox"/> Zipper</p> <p><input type="checkbox"/> Velcro</p>	<p>FILL TYPE</p> <p><input type="checkbox"/> Foam <input type="checkbox"/> Polyester</p> <p><input type="checkbox"/> Down & Feathers</p>

QTY	AREA	ITEM DESCRIPTION	SIZE	STYLE OF BACK



Quotation Request Form

Headboards

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

- TYPE**
- Simple Padded
Style _____
(select from styles on pg E14)
 - Gathered
Style _____
(select from styles on pg E15)

- FABRIC**
- COM
Pattern _____
Color _____
Width _____
Repeat _____
Vert. _____
Horiz. _____
Other _____

- STYLE**
- Flat Single Contour Roll
 - Flat Double Contour Roll
 - Shirred Single Contour Roll
 - Shirred Double Contour Roll
 - Pleated Single Contour Roll
 - Pleated Double Contour Roll
 - Shirred Jumbo Card

- SIZE OF HEADBOARD**
W x L
- King 75" x 22"
 - Queen 59" x 22"
 - Double 53" x 22"
 - Twin 38" x 22"
- Custom Height _____

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

- MOUNT**
- Cleat
 - Legs

QTY	AREA	ITEM DESCRIPTION	STYLE	HEADBOARD SIZE



Quotation Request Form

Bedspreads

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

<p style="text-align: center;">TYPE</p> <p><input type="checkbox"/> Throw</p> <p><input type="checkbox"/> Fitted Closed Corner</p> <p><input type="checkbox"/> Fitted w/ Unquilted Gusset</p> <p><input type="checkbox"/> Fitted w/ Quilted Gusset</p> <p><input type="checkbox"/> Waterfall Fitted</p> <p><input type="checkbox"/> Fitted w/ Dbl. Kick Pleats</p>	<p style="text-align: center;">SIZE OF BEDSPREAD</p> <p style="text-align: center;">W x L x Drop</p> <p><input type="checkbox"/> King _____</p> <p><input type="checkbox"/> Queen _____</p> <p><input type="checkbox"/> Double _____</p> <p><input type="checkbox"/> Twin _____</p> <p style="text-align: center;">FABRIC</p> <p><input type="checkbox"/> COM (Customer Supplied)</p> <p><input type="checkbox"/> Fabric Inclusive (County Supplied)</p> <p style="padding-left: 20px;">Pattern _____</p> <p style="padding-left: 20px;">Color _____</p> <p style="padding-left: 20px;">Width _____</p> <p style="padding-left: 20px;">Vert. Repeat _____</p> <p style="padding-left: 20px;">Horiz. Repeat _____</p> <p style="text-align: center;">LININGS</p> <p><input type="checkbox"/> 70/30 Preshrunk</p> <p><input type="checkbox"/> 70/30 Preshrunk Poly/Cotton upgrade (78/44 Count)</p> <p><input type="checkbox"/> FR 100% Polyester</p>	<p style="text-align: center;">QUILT PATTERN</p> <p><input type="checkbox"/> Designation _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">FILL WEIGHT</p> <p><input type="checkbox"/> 6 oz.</p> <p><input type="checkbox"/> 8 oz. (standard)</p> <p><input type="checkbox"/> 10 oz.</p> <p><input type="checkbox"/> 12 oz.</p> <p>Other _____</p> <p style="text-align: center;">FILL TYPE</p> <p><input type="checkbox"/> Standard (Bonded Poly Fill)</p>
---	--	---

QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Bedspreads

CUSTOMER _____

CONTACT NAME _____

PHONE _____

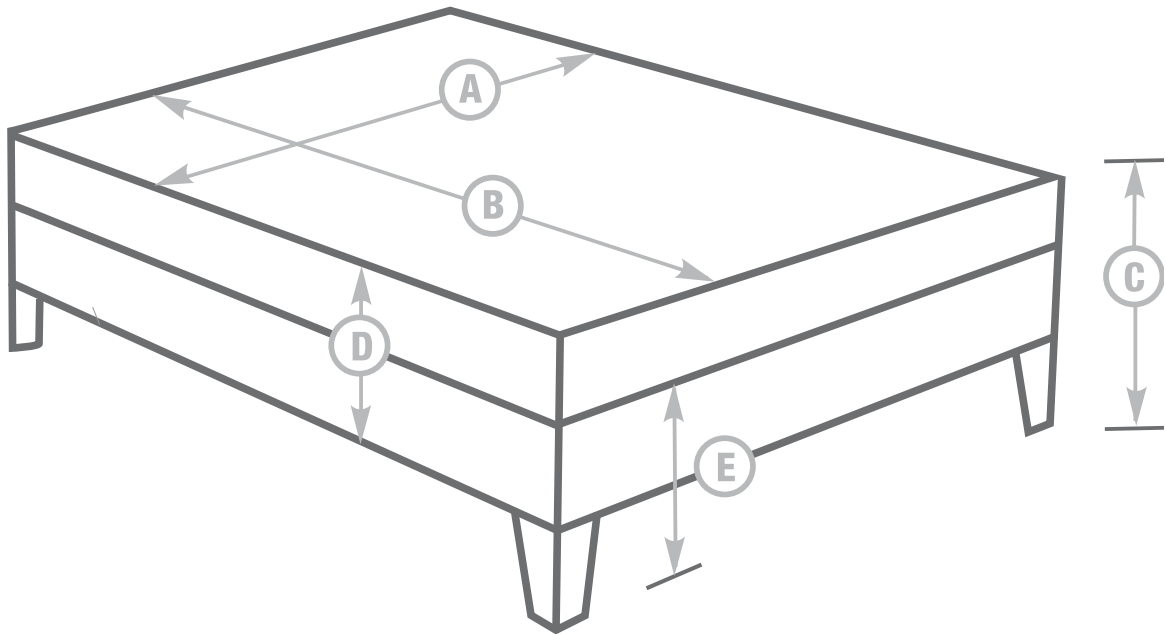
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
B. _____ - Length of Bed
C. _____ - Drop from Top of Mattress to Floor
D. _____ - Height from Top of Mattress to Bottom of Box Spring
E. _____ - Distance from Top of Box Spring to Floor

Quotation Request Form

Coverlets

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

- TYPE**
- Throw
 - Fitted Closed Corner
 - Fitted w/ Unquilted Gusset
 - Fitted w/ Quilted Gusset
 - Waterfall Fitted
 - Other _____

- TYPE OF COVERLET**
- | | | | | | |
|---------------------------------|-------|---|-------|---|-------|
| | W | x | L | x | Drop |
| <input type="checkbox"/> King | _____ | | _____ | | _____ |
| <input type="checkbox"/> Queen | _____ | | _____ | | _____ |
| <input type="checkbox"/> Double | _____ | | _____ | | _____ |
| <input type="checkbox"/> Twin | _____ | | _____ | | _____ |

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

- LININGS**
- 70/30 Preshrunk Poly/Cotton
Standard (63x37 count)
 - 70/30 Preshrunk Poly/Cotton
Upgrade (78/44 Count)
 - FR 100% Polyester

- QUILT PATTERN**
- Designation _____

- FILL WEIGHT**
- 6 oz.
 - 8 oz. (standard)
 - 10 oz.
 - 12 oz.
 - Other _____

- FILL TYPE**
- Standard (Bonded Poly Fill)
 - Low Melt Poly Fill
 - Continuous Filament Polyester

QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Coverlets

CUSTOMER _____

CONTACT NAME _____

PHONE _____

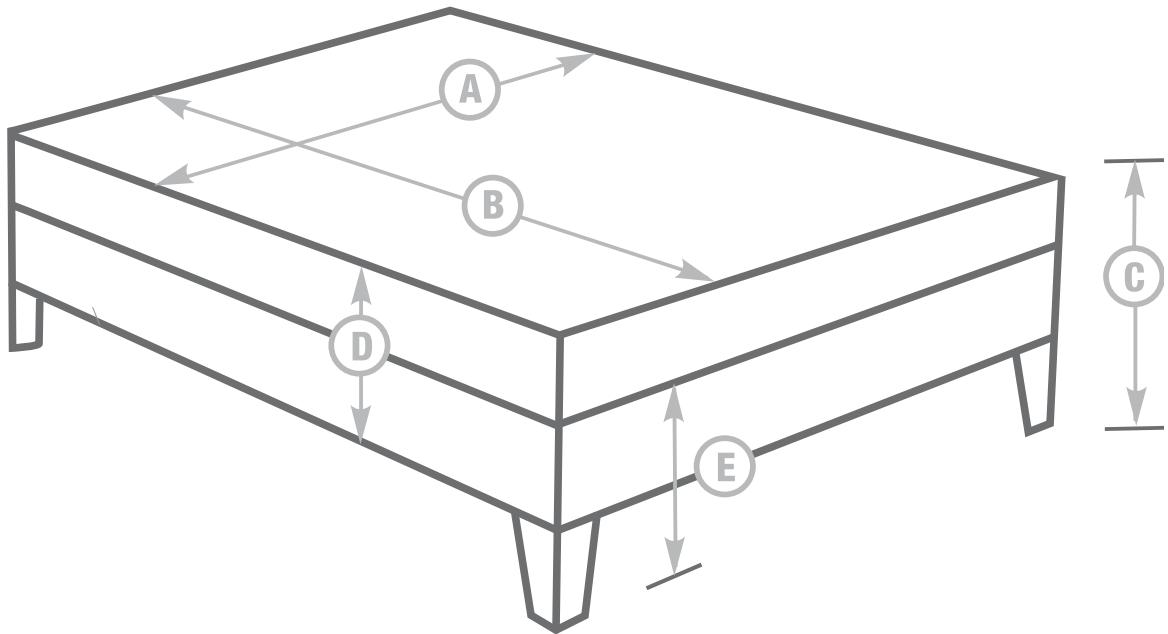
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
B. _____ - Length of Bed
C. _____ - Drop from Top of Mattress to Floor
D. _____ - Height from Top of Mattress to Bottom of Box Spring
E. _____ - Distance from Top of Box Spring to Floor

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
- Plastic

CARRIERS

- 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.

<p style="text-align: center;">STYLE</p> <p><input type="checkbox"/> Straight Track</p> <p><input type="checkbox"/> Curved Track</p> <p><input type="checkbox"/> Track Angle</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;">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 style="text-align: center;">FULLNESS</p> <p><input type="checkbox"/> 10% (standard)</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">GROMMET</p> <p><input type="checkbox"/> Nickel Plated Finish</p> <p><input type="checkbox"/> Brass Finish</p>	<p style="text-align: center;">MESH</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">HEIGHT OF MESH</p> <p><input type="checkbox"/> 20"</p> <p><input type="checkbox"/> 21"</p> <p><input type="checkbox"/> 22"</p> <p>Other _____</p> <p style="text-align: center;">HARDWARE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">MEASURE AND INSTALL</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---	--

QTY	AREA	ITEM DESCRIPTION	ROD SIZE	FINISHED LENGTH INCLUDING MESH TOP



Quotation Request Form

Healthcare Bedspreads

CUSTOMER _____

CONTACT NAME _____

PHONE _____

EMAIL _____

PROJECT NAME _____

Please check the items that are being specified.

- PRODUCT**
- Bedspread
- Coverlet
- STYLE**
- Throw
- Fitted Closed Corner
- Fitted w/ Unquilted Gusset
- Fitted w/ Quilted Gusset
- Waterfall Fitted
- Other _____
- _____
- _____

- SIZE**
- | | | | | | |
|---------------------------------|-------|---|-------|---|-------|
| | W | x | L | x | Drop |
| <input type="checkbox"/> King | _____ | | _____ | | _____ |
| <input type="checkbox"/> Queen | _____ | | _____ | | _____ |
| <input type="checkbox"/> Double | _____ | | _____ | | _____ |
| <input type="checkbox"/> Twin | _____ | | _____ | | _____ |

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

- LININGS**
- 70/30 Preshrunk Poly/Cotton
Standard (63x37 count)
- 70/30 Preshrunk Poly/Cotton
Upgrade (78/44 Count)
- FR 100% Polyester

- QUILT PATTERN**
- Designation _____
- _____
- _____

- FILL WEIGHT**
- 6 oz. (standard)
- 8 oz.
- 10 oz.
- 12 oz.
- Other _____

- FILL TYPE**
- Standard (Bonded Poly Fill)

QTY	AREA	ITEM DESCRIPTION	W	BED L	DROP



Quotation Request Form

Bedding Measurements for Healthcare

CUSTOMER _____

CONTACT NAME _____

PHONE _____

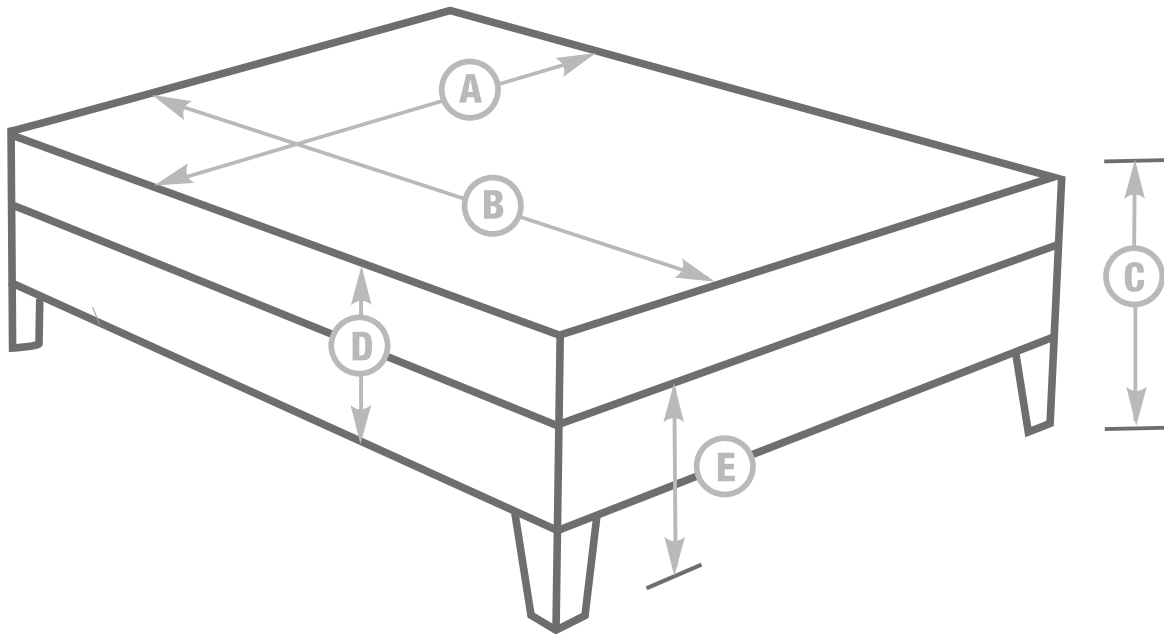
EMAIL _____

PROJECT NAME _____

Measurements required for quoting and production of duvets, coverlets, bedspreads and bed skirts include:

- Width and length of bed
- Coverlet drop
- Bed Skirt drop

Note: Due to the overlap of the coverlet and bed skirt, the two drops should be greater than the overall height of the bed.



Insert dimensions requested in the blank lines below and submit this page along with the Quote Request Form for the Bedding Treatments needed.

- A. _____ - Width of Bed
B. _____ - Length of Bed
C. _____ - Drop from Top of Mattress to Floor
D. _____ - Height from Top of Mattress to Bottom of Box Spring
E. _____ - Distance from Top of Box Spring to Floor