QUOTATION REQUEST FORM

NAME: _______________________________ EMAIL ADDRESS: _______________________________
FACILITY: __________________________ AREA: __________________________ PHONE: __________________________ FAX: __________________________
ADDRESS: __________________________ CITY, STATE, ZIP: __________________________

☐ QUOTE TRACK ONLY  ☐ QUOTE CUBICLE CURTAINS ONLY  ☐ QUOTE TRACK & CUBICLE CURTAINS
☐ CEILING MOUNTED TRACK  OR  ☐ SUSPENDED TRACK ( _______” FROM CEILING) TRACK LAYOUT
☐ YES DROP CEILING  ☐ NO DROP CEILING  ☐ FLEXIBLE CURTAIN TRACKING

CURTAIN TRACKING COLOR OPTION:  ☐ ANODIZED SILVER  ☐ POWDERCOATED WHITE

Track layout is top view looking down at bed. Please provide actual track measurements only. We will add for fullness & adjust for length.

STYLE 1

LENGTH A: _______ INCHES
CEILING HT: _______ INCHES
QUANTITY: _______

STYLE 2

LENGTH A: _______ INCHES
CEILING HT: _______ INCHES
QUANTITY: _______

STYLE 3

LENGTH A: _______ INCHES
CEILING HT: _______ INCHES
QUANTITY: _______

STYLE 4

LENGTH A: _______ INCHES
CEILING HT: _______ INCHES
QUANTITY: _______

STYLE 5

LENGTH A: _______ INCHES
CEILING HT: _______ INCHES
QUANTITY: _______

FABRIC SELECTION

STYLE # _______ FABRIC PATTERN: ____________________ FABRIC COLOR: ____________________
STYLE # _______ FABRIC PATTERN: ____________________ FABRIC COLOR: ____________________
STYLE # _______ FABRIC PATTERN: ____________________ FABRIC COLOR: ____________________

☐ YES TIE BACKS  ☐ NO TIE BACKS  ☐ YES TOP MESH  ☐ NO TOP MESH

SPECIAL INSTRUCTIONS: ________________________________________________________________

UNLESS SPECIFIED, FINISHED CURTAINS WILL HANG 10-12” FROM FLOOR