

Name: _____ Phone: _____

Address: _____

Curtain, Sheer & Track									
	Window 1		Window 2		Window 3		Window 4		
Location Name									
	Enter your measurements below								
Track Width (mm)									
Track Type									
Drop (mm)									
Stack Side	<input type="checkbox"/> Centre <input type="checkbox"/> Open to Left <input type="checkbox"/> Open to Right <input type="checkbox"/> Fixed		<input type="checkbox"/> Centre <input type="checkbox"/> Open to Left <input type="checkbox"/> Open to Right <input type="checkbox"/> Fixed		<input type="checkbox"/> Centre <input type="checkbox"/> Open to Left <input type="checkbox"/> Open to Right <input type="checkbox"/> Fixed		<input type="checkbox"/> Centre <input type="checkbox"/> Open to Left <input type="checkbox"/> Open to Right <input type="checkbox"/> Fixed		
No of Curtains	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Fabric & Colour Name									
Lining	<input type="checkbox"/> No	<input type="checkbox"/> Thermal <input type="checkbox"/> Blockout	<input type="checkbox"/> No	<input type="checkbox"/> Thermal <input type="checkbox"/> Blockout	<input type="checkbox"/> No	<input type="checkbox"/> Thermal <input type="checkbox"/> Blockout	<input type="checkbox"/> No	<input type="checkbox"/> Thermal <input type="checkbox"/> Blockout	
Heading Type	<input type="checkbox"/> Double Pinch Pleat <input type="checkbox"/> Triple Pinch Pleat <input type="checkbox"/> Pencil Pleat <input type="checkbox"/> Wave Fold <input type="checkbox"/> Eyelet <input type="checkbox"/> Rod Pocket <input type="checkbox"/> Knife Pleat <input type="checkbox"/> Box Pleat <input type="checkbox"/> Reverse Pleat		<input type="checkbox"/> Double Pinch Pleat <input type="checkbox"/> Triple Pinch Pleat <input type="checkbox"/> Pencil Pleat <input type="checkbox"/> Wave Fold <input type="checkbox"/> Eyelet <input type="checkbox"/> Rod Pocket <input type="checkbox"/> Knife Pleat <input type="checkbox"/> Box Pleat <input type="checkbox"/> Reverse Pleat		<input type="checkbox"/> Double Pinch Pleat <input type="checkbox"/> Triple Pinch Pleat <input type="checkbox"/> Pencil Pleat <input type="checkbox"/> Wave Fold <input type="checkbox"/> Eyelet <input type="checkbox"/> Rod Pocket <input type="checkbox"/> Knife Pleat <input type="checkbox"/> Box Pleat <input type="checkbox"/> Reverse Pleat		<input type="checkbox"/> Double Pinch Pleat <input type="checkbox"/> Triple Pinch Pleat <input type="checkbox"/> Pencil Pleat <input type="checkbox"/> Wave Fold <input type="checkbox"/> Eyelet <input type="checkbox"/> Rod Pocket <input type="checkbox"/> Knife Pleat <input type="checkbox"/> Box Pleat <input type="checkbox"/> Reverse Pleat		
Notes									