



Request for Quote

F A B T E X

SHEERS

DATE OF REQUEST:**Quote to Customer:**

Customer Address:
 Customer City/State/Zip:
 Customer Contact Name:
 Tel:
 Fax:
 Cell:
 Email:

PROJECT TITLE:

Property Name:
 Property Address:
 Property City/State/Zip:
 Property Contact Name:

SCOPE OF WORK

New Construction Renovation
 # of Rooms: _____
 Guest Rooms Lobby
 Meeting Rooms Other: _____

REQUESTED DELIVERY DATE: _____**SPECIFICATIONS (Check and describe as required)**

Pinch Pleated 200% fullness (typical)
 250% fullness
 Other: _____

Chain Weights Yes
 No

Ripplefold 80% fullness (equal to 200% pinch pleat)
 100% fullness (equal to 225% pinch pleat)
 120% fullness (equal to 250% pinch pleat)

Covered Weights (Standard at bottom corners and fabric seams)

Location of Sheer Behind blackout drapery
 In front of blackout drapery

Other _____

FABRICS: Include in quotation COM (Customer will supply)

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

QUANTITIES / MEASUREMENTS

Qty	Rod Width	x	Finished Length	Re-returns	Qty	Rod Width	x	Finished Length	Re-returns	Qty	Rod Width	x	Finished Length	Re-returns
		x					x					x		
		x					x					x		
		x					x					x		

Draw Center pairs
 One-way panels
 Offset pairs
 Stationary Panels
 Added description: _____

Installation Non-Union Union
 No installation (make & ship)
Field Measure Yes No
Demolition Removal of existing drapery required
ADA Batons Required (# of rooms _____)

Hardware Existing Wall Mount
 Existing Ceiling Mount
 New Wall Mount Required
 New Ceiling Mount Required

Attaching to: Drywall
 Concrete
 Other: _____

Operation Baton (describe, if required) _____
 Cord (describe, if required) _____

Decorative Hardware (describe style, finish, finial type, etc.) _____

Notes: