

REQUEST FOR QUOTE
Valance, Cornice, Top Treatments

Date:	Sales Rep:
Customer:	Project:
Contact:	Phone #:
Address:	Fax #:
City/State/Zip:	Email:
Measure and Install Required: ☐ YES ☐ NO	Project Location:

Cornice Type

Straight Padded: ☐
(Standard)
Shaped: ☐
Other:

Edge Detailing

1/2" Welt-Top & Bottom: ☐
(Standard)
1/2" Welt- Top Only: ☐
1/2" Welt-Bottom Only: ☐
Other

Valance Type

Tailored: ☐
(Standard)
Box Pleated: ☐
Other:

Top Treatments

None: ☐
Swag: ☐
Dust Cover: ☐
Other:

Mounting

Wall Mount: ☐
Ceiling Mount: ☐
Wall to Wall: ☐
Other:

Installation

Included: ☐
Not Included: ☐
Existing
Hardware: ☐

Returns

None: ☐
One: ☐
Two: ☐
Top (Cornice Only): ☐

Measure

Included: ☐
Not Included: ☐

Cut Outs Required

(Venting, Moulding etc.)
Yes: ☐
No: ☐

Fabric

Fabric Supplier(COM)/HDH Collection	Fabric Name	Fabric Color	Width	Repeat

Other Information:

MISC or Specialty Items

Banding:

Trim:

Other:

Item	Qty	Width	x	Finished Length	Returns	Item	Qty	Width	x	Finished Length	Returns
			x						x		
			x						x		
			x						x		
			x						x		
			x						x		
			x						x		

Notes: