



REQUEST FOR QUOTE
Valance, Cornice, Top Treatments

Date:	Sales Rep:
Customer:	Project:
Contact:	Phone #:
Address:	Fax #:
City/State/Zip:	Email:
Measure and Install Required: <input type="checkbox"/> YES <input type="checkbox"/> 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: