



CORNICE WORKSHEET

BDD fax 325-8558

QUOTE REQUEST

WORK ORDER

DATE: _____

ACCT NAME: _____

DESIGNER: _____

PHONE: _____

FAX: _____

BDD MEASURE

BDD INSTALL

SIDEMARK: _____

PAGE _____ OF _____

ROOM	straight	scalloped	RAILROAD FABRIC	WELT TOP OR BOTTOM (included in price)	ADD WELT TOP OR BOTTOM (\$2 PER FOOT)	FACE WIDTH	FINISHED HEIGHT	RETURN	FABRIC VENDOR	COLOR NUMBER	FABRIC NAME	REPEAT

NOTES:

DRAWING

PHOTOS OR DRAWINGS ATTACHED Y OR N