



DRAPERY WORKSHEET

BDD fax 325-8558

QUOTE REQUEST
WORK ORDER

DATE: _____

ACCT NAME: _____

DESIGNER: _____

PHONE: _____

FAX: _____

BDD MEASURE

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BDD INSTALL

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SIDEMARK: _____

PAGE _____ OF _____

ROOM	PAIR	PAN L	PAN R	PLEAT STYLE	ROD WIDTH BRK TO BRK	FINISHED PANEL WIDTH	FINISHED HEIGHT	LINING	FABRIC VENDOR	COLOR NUMBER	FABRIC NAME	REPEAT

RODS:	COLLECTION	ROD STYLE & #	FINIALS #	BRACKETS #	RINGS#	FINISH #
KIRSCH						
ARTISAN IRON						
IRON ART						

SPECIALTIES

MOTORIZED Y OR N

CURVED TRACK Y OR N

NOTES:

PHOTOS OR DRAWINGS ATTACHED Y OR N