



DATE: _____

Drapery Quote Request Form

NAME: _____

PHONE/EMAIL: _____

SIDEMARK: _____

ROOM: _____

TREATMENT DESCRIPTION:

TYPE OF PLEAT STYLE (SEE SECOND PAGE FOR PLEAT OPTIONS): _____

WINDOW DESCRIPTION	QTY	PAIR OR PANEL	FW	FL	RETURN	PIN SET*	FULL NESS*	LINING*	COLOR*

*PIN SET OPTIONS: 1/4", 3/8", 1/2", 1", 1.5", 2"

*LINING OPTIONS: LIGHT FILTERING OR BLACK OUT

*FULLNESS OPTIONS: 1, 1.5, 2, 2.5, 3

*LINING COLOR OPTIONS: WHITE OR IVORY

FABRIC NAME	WIDTH	VERTICAL REPEAT	HORIZONTAL REPEAT	RAIL ROAD: YES OR NO	FABRIC TYPE

Please complete all fields on the first page of this form and email it to

ORDERS@CMPILLOWS.COM

Do not hesitate to contact Christina at 303-877-3404 if you have any questions.



Your Go-To Resource List



STANDARD 2-FINGER
PINCH PLEAT



3-FINGER PINCH PLEAT



INVERTED PLEAT



GOBLET PLEAT



ROD POCKET



EURO PLEAT



GROMMET



STAY-STITCH

