



RFQ needed by: _____

Company: _____
 Contact: _____
 Email: _____
 Phone: _____
 Fax: _____

Facility: _____
 Location: _____
 Install Date: _____

Qty (for a traveler this would be 2)	Curtain Type (ie. traveler, border, cyc, etc.)	Height		Width		Fullness	Fabric Type	Color	Lining		Top Treatment	Bottom Treatment	Notes
		ft	in	ft	in				Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			
									Y	N			

Track Y N
 Hampers Y N
 Storage Bags Y N
 Embroidery Y N

Other notes: