



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 or N)	(Y or 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: