

**ESTIMATE
REQUEST FOR
THEATRICAL
DRAPERY**



Quote # _____

Date: _____

CUSTOMER INFORMATION

Company: _____ Contact: _____
Address: _____ Date Required: _____
City: _____ St. _____ Zip: _____
Phone: _____ Fax: _____ e-mail: _____

**Specifications
Type of curtain/drop:**

Fabric: _____ Color: _____ Wt. _____
Flame Resistant: _____ Non-Flame Resistant: _____

STANDARD *AUSTRIAN *TABBED *WATERFALL *These require special instructions

Quantity Required: _____ Height: _____ X Width: _____
Fullness: Flat _____ 25% _____ 50% _____ 75% _____ 100% _____ 150% _____ 200% _____ Other _____

TOP FINISH:

PLEATS: Box _____ Knife _____ French _____ Shirred _____ Pipe Pocket _____
French pleating not suitable for all applications Rod Size _____
WEBBING: Jute _____ Polypropylene: Black _____ White _____
TIES: Natural _____ Black _____ Spacing _____ inches on center Hidden _____
GROMMETS: Brass _____ Black _____ Silver _____ Spacing _____ inches on center Hidden _____
(No.2 spur grommet standard)
SNAP HOOKS: Flush _____ Reg. _____ S-Hooks _____ Spacing _____ inches on center
VELCRO LOOP: White _____ Black _____ 1" _____ 2" _____ Include Hook Velcro Mate: Reg. _____ or P.S. _____

BOTTOM FINISH:

Std. Hem _____ Weight tape _____ Snap Pocket _____ Shot Tape _____ (for small lightweight panels)
Separate Pipe/Chain Pocket _____ Include Chain _____ Sewn inside hem _____ Sewn to back of hem _____

SIDE FINISH:

1 1/2" to 2" double - standard both sides Other _____
Fold Back(s) _____ Leading Edges _____ Both Sides _____ Amount of fabric for fold back:
1/2width _____ Full Width _____

SEAMS: All seams are vertical unless otherwise specified

LINING: Yes _____ No _____ COLOR: Black _____ Beige _____ *Other _____

*colors subject to availability

***SPECIAL INSTRUCTIONS:**

Austrians & Waterfalls require lift/guide line: # of line _____ Spacing _____ inches on center
Austrians require fullness in height and width: % fullness height _____ % fullness width _____
Guy lines required: Yes _____ No _____
Tabbed Curtains: If possible, please fax drawing showing curtains in their open position so we can determine the line angle.
Center overlap: _____ inches.

Please copy form, fill in as much information as you can and fax your request to Dazian CA or Dazian NJ. Our sewing department will process your request and fax you a quote. Please make sure we have your phone number should we have any questions.

Thank you, Dazian LLC

California: Phone: 818-841-6500 Fax: 818-841-6774

New Jersey: Phone: 201-549-1000 Fax: 201-549-1055

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COMPANY NAME: _____ PHONE: _____

ADDITIONAL INSTRUCTIONS / DRAWINGS:

COMMENTS: