

Paramount Fabrics, Inc. * RIPPLEFOLD Drapery Quote Request and Order Form



Account Name: _____
 Designer: _____
 Email: _____
 Phone: _____
 Sidemark/Job: _____

Ship To: _____

Date

This is a Quote Request:
 This is an Order:

Page ____ of ____

Location	QTY Pair/s or Panel/s	Left or Right Panel	Ripplefold Fullness	Rod Width	Rod Return Size	Finished Length	Master Carrier Type	Com Name & Color	COM Width & Repeats	Lining Name & Color
Special Instructions Include Diagram									Workroom Use Only	
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Please Note:
 Please have all Ripplefold rods sent to the workroom for proper pleating to carrier.

Pricing and Yardage Requirements: