

# Functional Art Insulated Window Treatments

## Estimate Request Form

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Please provide us with the following information.

Fill out one form for each window you'd like a quote on (for example, 10 windows = 10 forms).

We will respond promptly to let you know we've received your request.

If you have any questions, please call us at (413) 354-2320, or email us at [artwithanrvalue@gmail.com](mailto:artwithanrvalue@gmail.com).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This is window number \_\_\_\_\_ of \_\_\_\_\_ (total number you are requesting quotes for).

Window Location: \_\_\_\_\_ (for example, Master BR #1)

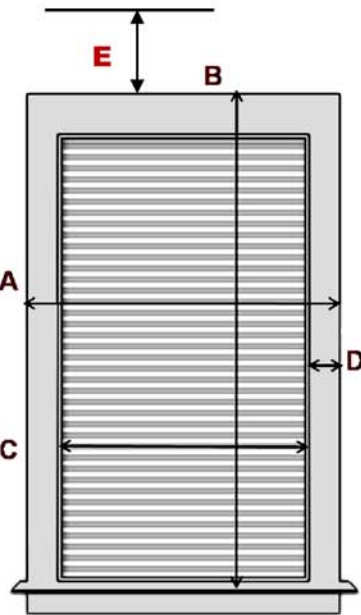
*Photos are very helpful in providing an accurate quote.*

*If you include photos, please identify which window is pictured (i.e. "living room", bedroom" etc).*

### Please select a style:

Basic  Stagecoach  Classic Roman

Wide-Pleat Roman  Side-Draw  Custom



**Measurement A:** \_\_\_\_\_ inches

*Overall width of the window or door (to the outside of the casing)*

**Measurement B:** \_\_\_\_\_ inches

*Overall height of the window (sill or bottom of lower sash to top of the casing) or door (floor to top of casing)*

**Measurement C:** \_\_\_\_\_ inches

*Inside width of the window or door (to the inside of the casing)*

**Measurement D:** \_\_\_\_\_ inches

*Width of the casing*

**Measurement E:** \_\_\_\_\_ inches

*Distance from the top of the casing to the ceiling*

### Notes:

*Thank you for your interest in our products.*

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**Functional Art**

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Chester MA 01011

(413) 354-2320

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