

Quote Request Form



Customer Details:

| | |
|------------------------------|----------------------|
| Client / Business Name _____ | |
| Company Address: _____ | Contact Person _____ |
| _____ | Position _____ |
| _____ | Email _____ |
| State _____ | Postcode _____ |
| _____ | Phone No. _____ |

Project Details:

| | |
|------------------------|----------------------|
| Project Name _____ | |
| Project Address: _____ | Contact Person _____ |
| _____ | Position _____ |
| _____ | Email _____ |
| State _____ | Postcode _____ |
| _____ | Phone No. _____ |

| | |
|---|--------------------------|
| Date Required on site: _____ | Delivery Required? _____ |
| (allow 15-20 Working days AFTER approval of drawing and deposit paid) | |

Please provide Architectural Plans of the drains / location showing the requirements, any shower screens, walls or outlets. Otherwise, please continue with the following questions.

| | | |
|--|------------------------------------|--|
| Location of Drain: | | |
| Indoor / bathroom <input type="checkbox"/> | Threshold <input type="checkbox"/> | Waterproofed Outdoor Area <input type="checkbox"/> |

| | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| Type of Project: | | |
| Residential <input type="checkbox"/> | Hospitality <input type="checkbox"/> | Commercial <input type="checkbox"/> |
| Healthcare <input type="checkbox"/> | <input type="checkbox"/> | Unknown <input type="checkbox"/> |

| | | |
|---|--------------------------------------|----------------------------------|
| Type of Drain: | | |
| Tile Insert Tray <input type="checkbox"/> | 7 Bar Grate <input type="checkbox"/> | Vinyl <input type="checkbox"/> |
| Punched Slot <input type="checkbox"/> | Slot Drain <input type="checkbox"/> | Unknown <input type="checkbox"/> |

| | | |
|---------------------------------------|---------------------------------------|--|
| Style of INDOOR Drain: | | |
| Tile to Tile <input type="checkbox"/> | Wall to Wall <input type="checkbox"/> | Tile Surround <input type="checkbox"/> |
| Wall to Tile <input type="checkbox"/> | Absolute <input type="checkbox"/> | Unknown <input type="checkbox"/> |

| | | |
|---------------------------------------|---------------------------------------|--|
| Style of OUTDOOR Drain: | | |
| Tile to Tile <input type="checkbox"/> | Wall to Wall <input type="checkbox"/> | Tile Surround <input type="checkbox"/> |
| Wall to Tile <input type="checkbox"/> | Versatile <input type="checkbox"/> | Unknown <input type="checkbox"/> |

| | | |
|---|---|------------------------|
| Drain Specifics: (view from front of drain or looking into shower) | | Drain Length: _____ mm |
| Floor Tile thickness _____ mm | Wall Tile thickness _____ mm | |
| Is Fall Required? Yes <input type="checkbox"/> | No, flat bottom tray <input type="checkbox"/> | |
| Dimensions Standard <input type="checkbox"/> | Custom _____ mm X _____ mm | |

Waste Specifics: (view from front of drain or looking into shower)

Type:

Threaded Waste: 50mm 65mm

Straight Dropper 50mm 65mm 75mm 88mm 100mm

Other: Notes:

Location from End: (dimension from end of drain to outlet centre)

Dimensions _____ mm from RHS OR _____ mm from LHS

Location from Rear: (dimension from edge of drain to outlet centre)

Dimensions _____ mm from Rear

Number of drains required at this size: _____ **Drains**

Drawing / Sketches / Notes (use this space to support your enquiry)