

Crest Custom Cubicle Curtain Order Form

Please fill out the attached form and fax to Crest Customer Service at **1-800-369-9207** or email to **customerservice@cresthealthcare.com**. Crest will create a quote for your custom product and contact you back as quickly as possible.

CONTACT INFORMATION:

Contact Name: _____

Facility Name: _____

Customer #: _____

Phone: _____ Fax: _____

Email: _____

Preferred Contact Method: ☐ Email ☐ Fax

PRIVACY CURTAIN ORDERING TIPS:

1. You may wish to add 12 – 15% to your width measurement for fullness in the curtain.
2. Track and carriers generally add 2" of height difference and most curtains should stop about 1' above the floor to avoid dragging or tripping hazards. You can account for this by taking your ceiling height and subtracting 14" to find your desired curtain height.
3. **Please note that custom curtains are not cancellable and non-returnable. Please ensure accuracy when placing your order.**

Quantity Requested: _____

Finished Width: _____

Finished Height (Including top Mesh if desired): _____

22" Mesh at top (select one): ☐ Yes ☐ No

Mesh Color (select one): ☐ White ☐ Beige

Fabric Selection

Visit our website at **www.cresthealthcare.com/resources** to see fabric types and color options.

Call Crest Customer Service at **1-800-328-8908** for free color samples.

Fabric Type (select one): ☐ New Shadow Cube ☐ Windsor ☐ Oxford ☐ Windham ☐ Chateau ☐ Other

Color Selection: _____

Is product needed by a certain date? _____

Customer Signature: _____ Date: _____