















# FINGERPOST SPECIFICATION AND QUOTATION REQUEST FORM

Help us to help you. Following the 5 step process below, please use this form to record the details of the fingerposts that you require then forward it to us to receive a detailed no obligation quotation.

	Chevron Ended Finger Arms	Square Ended Finger Arms	Bull Nose Ended Finger Arms											
<p>Choose the style &amp; number of fingers required and the number of levels (Standard finger length is 750mm with max of 3 fingers on one level)</p>	 Number of Fingers Required: <input type="text"/> Over how many levels: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> *Finger Height: <input type="text"/>	 Number of Fingers Required: <input type="text"/> Over how many levels: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> *Finger Height: <input type="text"/>	 Number of Fingers Required: <input type="text"/> Over how many levels: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> *Finger Height: <input type="text"/>											
*Available finger heights are 120, 165, 200, 250 & 300mm, with 3 way finger arms only 120, 165 & 200mm are available.														
<h2 style="font-size: 48px; margin: 0;">2</h2> <p>Specify post style required along with post caps/finials</p>	<p>Plain Post:  <input type="checkbox"/></p> <p>Fluted Post:  <input type="checkbox"/></p> <p>Decorative Base &amp; Collars:  <input type="checkbox"/></p>	<p>Ball Finial  <input type="checkbox"/></p> <p>Stem Ball Finial  <input type="checkbox"/></p> <p>Ribbed Ball Finial  <input type="checkbox"/></p> <p>Pagoda Finial  <input type="checkbox"/></p> <p>Ring Finial  <input type="checkbox"/></p>	<p>Domed Cap  <input type="checkbox"/></p> <p>Fluted Domed Cap  <input type="checkbox"/></p> <p>Grey Cap  <input type="checkbox"/></p> <div style="border: 1px solid black; padding: 5px; font-size: small;"> <p>Finials &amp; above caps are powder coated to matching colour of posts, if you require a contrasting colour please specify in section 4 below.</p> </div>											
<h2 style="font-size: 48px; margin: 0;">3</h2> <p>Specify lettering colour, logos and borders etc</p>	<p><b>Vinyl lettering colour:</b>            white <input type="checkbox"/> black <input type="checkbox"/> gold <input type="checkbox"/> Other-Please Specify <input type="text"/></p> <p><b>Font:</b> Arial <input type="checkbox"/> Times <input type="checkbox"/> Other-Please Specify <input type="text"/></p> <p><b>Full colour logo</b> <input type="checkbox"/>  <b>Single colour logo</b> <input type="checkbox"/></p> <p><b>Border Required:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>													
<p>Please use this space to detail any accessories required, special instructions or anything else that we need to know to provide you with an accurate quotation</p>														
<h2 style="font-size: 48px; margin: 0;">5</h2> <p>Specify how you would like your fingerpost delivered and complete your contact details</p>	<p>Standard Delivery <input type="checkbox"/></p> <p>Before 10:30 <input type="checkbox"/></p> <p>Before 12:00 <input type="checkbox"/></p> <p>Collection <input type="checkbox"/></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name</td> <td style="width: 50%;"></td> </tr> <tr> <td>Organisation</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Telephone</td> <td>Fax</td> </tr> <tr> <td>Email</td> <td></td> </tr> <tr> <td colspan="2">Where did you hear about us?</td> </tr> </table>	Name		Organisation		Address		Telephone	Fax	Email		Where did you hear about us?	
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When complete please fax back to us on 01280 702843, email to sales@greenbarnes.co.uk, call us on 01280 701093 or post to Greenbarnes Ltd, Unit 7 Barrington Court, Ward Road, Brackley, Northamptonshire, NN13 7LE