

POSTFORM LAMINATE QUOTE REQUEST FORM



3042 Hudson St, Franklin, IN 46131

(317) 822-9858 FAX:(317) 822-3490

CUSTOMER / PROJECT NAME: _____

PHONE NUMBER: _____ **EMAIL :** _____

JOBSITE ADDRESS: _____

SERVICES REQUESTED (CIRCLE ONE) : PICK UP ORDER TEMPLATE DELIVERY INSTALL TEAR OUT/DEMO

| | | | | |
|-----------------------|------------------------------------|-------------------------------------|--|---|
| E D G E S | WATERFALL (Tempo/Modern) | NO DRIP (Caprice) | E #1500 (Euro/Bullnose/Nova) | E #2000 (180 Wrap/Futura) |
| | AMORE (Geneva/Valencia) | VIDA (Venetian/Barcelona) | AEGEAN (Pencil Top/Marbella) | CASPIAN (Pencil Top & Bottom / Ora) |

LAMINATE COLOR: _____ **ROOM/LOCATION:** _____

SPLASH TREATMENT (CIRCLE ONE) : NONE INTEGRAL/COVED SET ON FULL HEIGHT

SINK STYLE (CIRCLE ONE) : NONE DROP IN/TOP MOUNT
(TO BE PROVIDED BY CUSTOMER) UNDERMOUNT
(PROVIDED WITH COUNTERTOP) FARM/APRON
(NOT RECOMMENDED)
ASK FOR DETAILS

OTHER CUT OUTS : COOKTOP SLIDE IN RANGE TRASH HOLE WIRE GROMMET

PRINT & NOTES: