



DATE: _____ . CUSTOMER PO #: _____

PURCHASER: _____


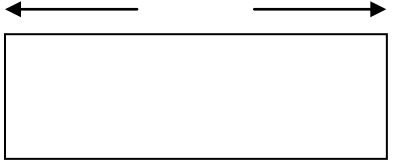

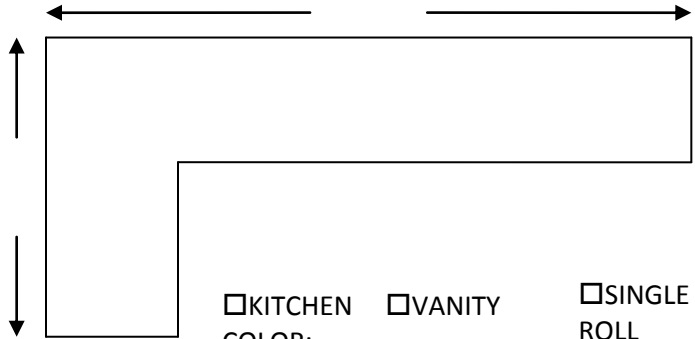
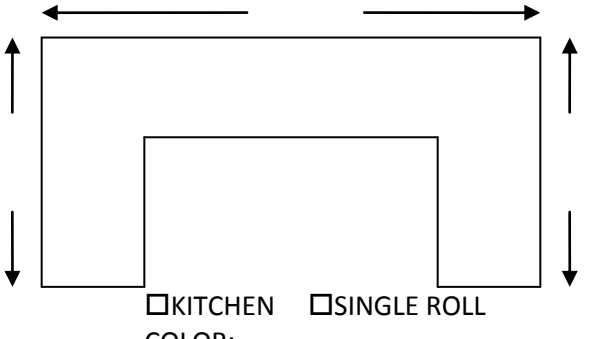
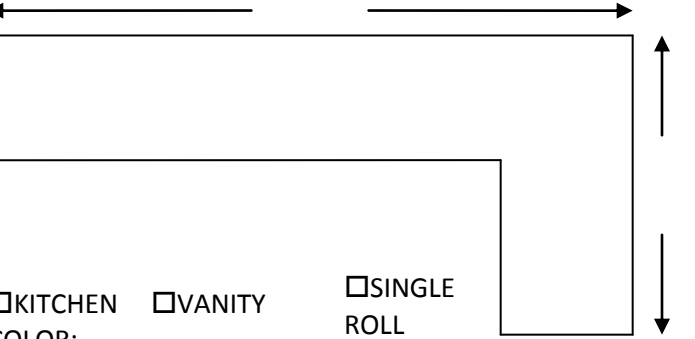
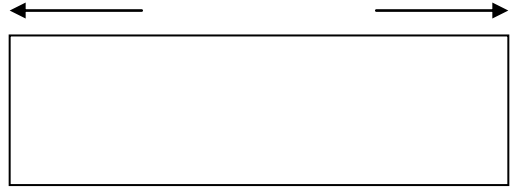
JOB NAME/LOCATION: _____

SALESMAN: _____ PH# _____

- INDICATE EDGES REQUIRING EDGE STYLE USING AN "X"
- INDICATE LOCATION OF END CAPS WITH A "C"
- INDICATE LOCATION OF APPLIANCES AND SINKS WITH A "□" – GIVE MEASUREMENT FROM LEFT OR RIGHT SIDE TO CENTER OF SINK BOWL
- INDICATE LOCATION OF WALLS WITH A "W"
- GIVE **OVERALL** DIMENSIONS (**NOT CABINET DIMENSIONS**)

EDGE STYLE: (CIRCLE ONE)

- | | | |
|----------|-----------|-------------|
| CAPRICE | TEMPO | FUTURA |
| NOVA | CLASSIC | FLEETWOODII |
| VALENCIA | BARCELONA | GENEVA |

 <p><input type="checkbox"/> KITCHEN <input type="checkbox"/> VANITY <input type="checkbox"/> SINGLE ROLL COLOR: _____</p>	 <p><input type="checkbox"/> KITCHEN <input type="checkbox"/> VANITY <input type="checkbox"/> SINGLE ROLL COLOR: _____</p>	 <p><input type="checkbox"/> KITCHEN <input type="checkbox"/> VANITY <input type="checkbox"/> SINGLE ROLL COLOR: _____</p>
 <p><input type="checkbox"/> KITCHEN <input type="checkbox"/> VANITY <input type="checkbox"/> SINGLE ROLL COLOR: _____</p>	 <p><input type="checkbox"/> KITCHEN <input type="checkbox"/> SINGLE ROLL COLOR: _____</p>	
 <p><input type="checkbox"/> KITCHEN <input type="checkbox"/> VANITY <input type="checkbox"/> SINGLE ROLL COLOR: _____</p>	 <p>_____ " BAR</p>	

NOTES:

LEGEND: "X" – EDGE STYLE "C" – END CAP "B" – BUMP CORNER "S" – END SPLASH-LOOSE "W" – WALL "□" – SINK/APPLIANCE