

GRANITE INQUIRY

DATE:		
NAME:		
ADDRESS:		
PHONE:	HOME:	CELL:
APPT.	DATE:	TIME:

YP REFERRAL SHOW FLYER INTERNET DRIVE BY OTHER _____

PROJECT ROOM LOCATION:

<p>KITCHEN: <input type="checkbox"/> Island <input type="checkbox"/> Peninsula <input type="checkbox"/> Counters only <input type="checkbox"/> Butlers Pantry</p> <p>BACKSPLASH: <input type="checkbox"/> 4" Backsplash <input type="checkbox"/> Full Granite <input type="checkbox"/> Tile <input type="checkbox"/> None</p>	<p>EDGE:</p> <p><input type="checkbox"/> WATERFALL - standard</p> <p><input type="checkbox"/> 1/4" BEVEL - standard</p> <p><input type="checkbox"/> 1/8" RADIUS TOP/BTM</p> <p><input type="checkbox"/> STRAIGHT – Standard</p> <p><input type="checkbox"/> OGEE – Upgrade</p> <p><input type="checkbox"/> BULLNOSE - Upgrade</p>
<p>OTHER: <input type="checkbox"/> Laundry Room <input type="checkbox"/> Desk <input type="checkbox"/> Bar <input type="checkbox"/> Fireplace</p>	
<p>BATH: <input type="checkbox"/> Master Bath <input type="checkbox"/> Jack & Jill <input type="checkbox"/> Powder Room <input type="checkbox"/> 1/2 Bath <input type="checkbox"/> Guest</p> <p>Size: _____</p> <p>BACKSPLASH: <input type="checkbox"/> 4" Backsplash <input type="checkbox"/> Tile Backsplash <input type="checkbox"/> None</p> <p><input type="checkbox"/> Tub Surround <input type="checkbox"/> Shower Seat <input type="checkbox"/> Shower Curb</p>	<p><input type="checkbox"/> EURO SINK:</p> <p><input type="checkbox"/> 60/40 – Large/Small</p> <p><input type="checkbox"/> 40/60 – Small/Large</p> <p><input type="checkbox"/> Equal Double Bowl</p> <p><input type="checkbox"/> SS Bar</p> <p><input type="checkbox"/> Large Single Bowl</p> <p><input type="checkbox"/> Medium Single Bowl</p> <p><input type="checkbox"/> White Bath Vanity</p> <p><input type="checkbox"/> Bisquit Bath Vanity</p>
<p>SINK: <input type="checkbox"/> Under Mount <input type="checkbox"/> Customer Supplied</p> <p><input type="checkbox"/> Top Mount <input type="checkbox"/> Customer Supplied</p>	
<p>GRANITE COLOR SELECTION:</p>	
<p><input type="checkbox"/> Remodel <input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Sent to _____/will select color before appointment</p>	<p>WHEN READY:</p>

NOTES:

Fax to 248-706-1040