

Order Detail Form

Quote#	Date
Customer P.O.#	Expected Template Date: (Cabinetry Ready)

Dealer Information	
Business Name: _____	Phone: _____
Contact Name: _____	Contact Email: _____

Customer Information	
Name: _____	Phone: _____
Street Address: _____	City: _____ Postal Code: _____

Please complete Area Details for EACH room. Second page attached if required.

NOTE: Missing or incorrect information may delay templating.

Area Name: _____	
Description: <input type="checkbox"/> Kitchen <input type="checkbox"/> Vanity <input type="checkbox"/> Bar <input type="checkbox"/> Island <input type="checkbox"/> Other: _____ Cabinets: <input type="checkbox"/> New <input type="checkbox"/> Existing Cabinet Door Position: <input type="checkbox"/> Flush <input type="checkbox"/> Lowered	Material Design Name: _____ <div style="border: 1px solid black; padding: 2px; text-align: center; width: 50px; margin: 5px auto;">REFERENCE GUIDE BELOW</div> Edge Profile Name: _____ Edge Thickness: _____ Underside Polish: <input type="checkbox"/> Yes <input type="checkbox"/> No Finish: <input type="checkbox"/> Polished <input type="checkbox"/> Matte
<input type="checkbox"/> Backsplash <input type="checkbox"/> 1cm <input type="checkbox"/> 2cm <input type="checkbox"/> 3cm <input type="checkbox"/> Height: _____ <input type="checkbox"/> Full Height Backsplash: _____ <input type="checkbox"/> Sidesplash (measured at install)	
SINK #1	Sink on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Location: _____ <input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Apron Sink Reveal: <input type="checkbox"/> Mfrs Standard <input type="checkbox"/> Positive Reveal <input type="checkbox"/> Negative Reveal <input type="checkbox"/> Flush Faucet on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Faucet Location: <input type="checkbox"/> Centered on Bridge <input type="checkbox"/> Centered on Sink <input type="checkbox"/> Other (i.e. window): _____ Additional Cutouts and Location: <input type="checkbox"/> Soap/RO/Sprayer: _____ <input type="checkbox"/> Grommet/Other: _____
	Sink on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Location: _____ <input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Apron Sink Reveal: <input type="checkbox"/> Mfrs Standard <input type="checkbox"/> Positive Reveal <input type="checkbox"/> Negative Reveal <input type="checkbox"/> Flush Faucet on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Faucet Location: <input type="checkbox"/> Centered on Bridge <input type="checkbox"/> Centered on Sink <input type="checkbox"/> Other (i.e. window): _____ Additional Cutouts and Location: <input type="checkbox"/> Soap/RO/Sprayer: _____ <input type="checkbox"/> Grommet/Other: _____
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Cook-top on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Stove on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Type of Stove: <input type="checkbox"/> Slide In <input type="checkbox"/> Freestanding Stove Stick Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Fireplace on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____	

CAMBRIA EDGE PROFILE GUIDE

Available Size: 2cm SHALE	Available Size: 2cm & 3cm IDRIS RIMROCK	Available Size: 3cm BASIN LEDGE	Available Size: 4cm (2+2) BOULDER BRYN GLACIAL	Available Size: 6cm (3+3) CASCADE CORNICE MESA
Available Size: 3cm & 4cm TREELINE	Available Size: 2cm, 3cm & 4cm PIEDMONT SEACLIFF SUMMIT DBL TREELINE VOLCANIC			Available Size: 2cm, 3cm, 4cm & 6cm RIDGELINE MORAIN

Authorized Signature _____

Date _____

Please complete Area Details for EACH room. **NOTE: Missing or incorrect information may delay templating.**

Area Name: _____			
Description: <input type="checkbox"/> Kitchen <input type="checkbox"/> Vanity <input type="checkbox"/> Bar <input type="checkbox"/> Island <input type="checkbox"/> Other: _____		Material Design Name: _____	
Cabinets: <input type="checkbox"/> New <input type="checkbox"/> Existing Cabinet Door Position: <input type="checkbox"/> Flush <input type="checkbox"/> Lowered		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; text-align: center;"> REFERENCE GUIDE BELOW </div> <div> Edge Profile Name: _____ Edge Thickness: _____ Underside Polish: <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="border: 1px solid black; padding: 2px; margin-left: 5px;"> Finish: <input type="checkbox"/> Polished <input type="checkbox"/> Matte </div> </div>	
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	Faucet on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____		
	Faucet Location: <input type="checkbox"/> Centered on Bridge <input type="checkbox"/> Centered on Sink <input type="checkbox"/> Other (i.e. window): _____ Additional Cutouts and Location: <input type="checkbox"/> Soap/RO/Sprayer: _____ <input type="checkbox"/> Grommet/Other: _____		
SINK #2	Sink on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Location: _____		
	<input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Apron Sink Reveal: <input type="checkbox"/> Mfrs Standard <input type="checkbox"/> Positive Reveal <input type="checkbox"/> Negative Reveal <input type="checkbox"/> Flush		
	Faucet on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____		
	Faucet Location: <input type="checkbox"/> Centered on Bridge <input type="checkbox"/> Centered on Sink <input type="checkbox"/> Other (i.e. window): _____ Additional Cutouts and Location: <input type="checkbox"/> Soap/RO/Sprayer: _____ <input type="checkbox"/> Grommet/Other: _____		
Cook-top on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____			
Stove on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____			
Type of Stove: <input type="checkbox"/> Slide In <input type="checkbox"/> Freestanding Stove Stick Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fireplace on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____			

Area Name: _____			
Description: <input type="checkbox"/> Kitchen <input type="checkbox"/> Vanity <input type="checkbox"/> Bar <input type="checkbox"/> Island <input type="checkbox"/> Other: _____		Material Design Name: _____	
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SINK #2	Sink on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____ Location: _____		
	<input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Apron Sink Reveal: <input type="checkbox"/> Mfrs Standard <input type="checkbox"/> Positive Reveal <input type="checkbox"/> Negative Reveal <input type="checkbox"/> Flush		
	Faucet on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____		
	Faucet Location: <input type="checkbox"/> Centered on Bridge <input type="checkbox"/> Centered on Sink <input type="checkbox"/> Other (i.e. window): _____ Additional Cutouts and Location: <input type="checkbox"/> Soap/RO/Sprayer: _____ <input type="checkbox"/> Grommet/Other: _____		
Cook-top on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____			
Stove on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____			
Type of Stove: <input type="checkbox"/> Slide In <input type="checkbox"/> Freestanding Stove Stick Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fireplace on site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Make: _____ Model#: _____			

Authorized Signature _____

Date _____