

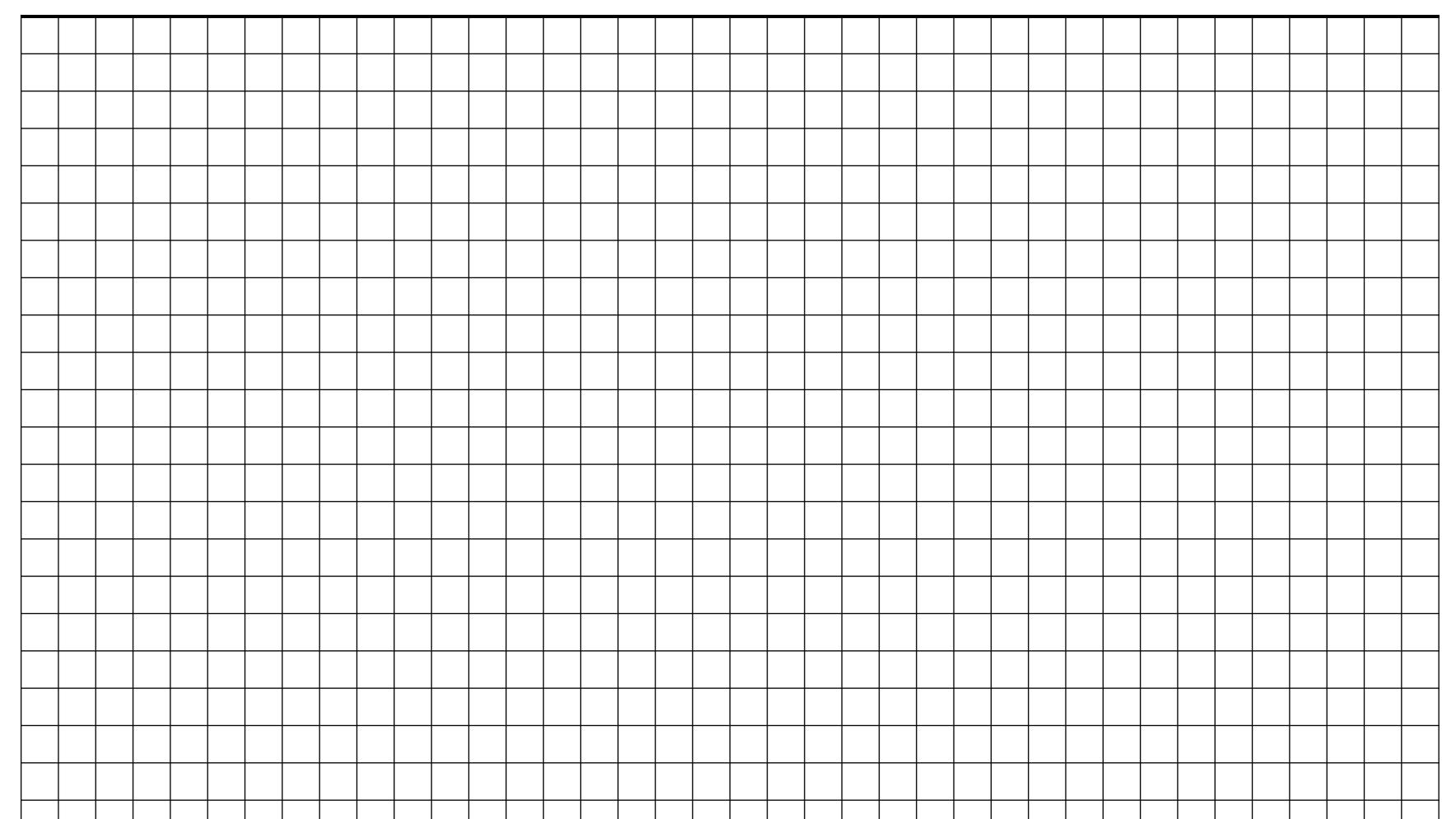
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Dealer Name Customer Name	2: 2:					Date:
1. Countertop Mater check se		□ Copper Veir □ Silver Vein □ Stainless Ste		**Cu	stomer Sup	Speckled Walnut Textured Black SpliedSPECIFY THICKNESS:
2. Cabinet Color: check se Sandy Shores	lection]Graphite	□ Anthracite □ Cappuccino □ Speckled W				 Textured Grey Textured White Textured Black
3. Door Style:	Shaker	Vertical Ribbed	□S	Stand	ard Pan	□ Shaker Door
4. Door Handle:		ss Steel		E	Black	
5. Leg Color:		ss Steel		E	Black	
6. Appliances: check se	lection	Gas Grill: Ceramic Gr	ill:			lel:
		Power Burn	er:	E	Brand/Mod	lel:

	Side Burner:	Brand/Model:
	Mini Refrigerator:	Brand/Model:
	OTHER:	Brand/Model:
7. Is there a wall? check selection	□Behind □Left Side □Right Side	
8. Add-Ons: check selection Specify Location on Drawing	□ Additional Shelf □ Bar Top w/ Risers □ Backsplash □ Towel Bar Handle □ Built as One-Piece U □ Legs	□Toe Kick □Standard 15″ Sink □Premium 30″ Sink □On Demand Water System Jnit (OIB) □Casters

****SPECIAL NOTES/REQUESTS:

PLEASE PROVIDE ROUGH SKETCH OF AREA DIMENSIONS AND DESIRED LAYOUT





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