

COUNTERTOP CHECK LIST

This is the information we need to process your order

JOB NAME _____

P.O. _____

Was this job quoted
Quote # _____

Color number & finish _____

Front Profile

- Rolled
 - D edge
 - 180 edge
 - No-Drip
 - Regent
 - Premier
 - Roman
 - Single Cove
 - Applied Edge Bevel or Crescent
- Other _____
circle one

Back Splash Profile

- Rolled
- Square
- Applied Edge (if applicable)

DECK DEPTH/SPLASH HEIGHT

- 25-1/2" kitchen w/3" splash
- 25-1/4" kitchen w/ 3-3/4" splash
- 25" kitchen w/ 4" splash
- 22-1/2" vanity w/ 3" splash
- 19-1/2" vanity w/ 3" splash
- other
- _____" deep top w/ _____" high splash

if no back splash or sent loose

_____" deep top

if loose splash needed

_____" high back splash

END TREATMENTS

- Straight caps
- Eased (as indicated)
- Other (as indicated)

- Square edge end splash
- Contoured (set on) splash

PADDING

- Padding applied
- Padding loose
- 1 1/2" Solid Loose

SINKS

sink cutouts by CF
cutout size _____" x _____"

UNDERMOUNT SINK
model _____

- Backer
- ULEF Core
- Med X Core

Other notes
