



# Counter-Form LLC.

## MULTI UNIT SPECIFICATIONS

Information needed to process order

Company Name

Job Name

Phone

Today's Date

Fax

Return Estimate By:

<b>EDGE PROFILE</b>		<b>COLOR</b>		<b>NUMBER OF UNITS</b>	
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<b>COMMONS INCLUDED</b>	Yes	No	<b>VANITIES</b>	Yes	No
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<b>DEPTH OF TOPS</b>	<b>BACKSPLASH HEIGHT</b>	<b>BACKSPLASH</b>	
		Rolled	Square
		Integral	Loose

<b>CORES</b>			<b>PHENOLIC BACKER</b>	Yes	No
Standard	ULEF	Moisture Resistant ULEF	<b>JUST MR AT SINKS</b>	Yes	No

<b>MITERS</b>	Standard	Spline	<b>SINK CUTOUTS</b>	Yes	No
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<b>PADDING</b>			<b>SPLASHES</b>		
None	Applied	Loose	None	End Mount	Contoured

### NOTES

Delivery City

State ZIP

Estimated Number of Deliveries

1st Delivery Date:

Last Delivery Date:

Send completed forms with quote request to: [quotes@counter-form.com](mailto:quotes@counter-form.com)