

# QUOTE/ORDER FORM

Fax: 616-647-5539 or Email: info@premiergranitetops.com

Date: \_\_\_\_\_ Est #: \_\_\_\_\_

Dealer: \_\_\_\_\_ Designer: \_\_\_\_\_



## Customer Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Premier to contact homeowner directly to schedule:  Yes  No

Premier Tearout:  Yes  No Premier Plumbing:  Yes  No

Area: \_\_\_\_\_ Product/Color: \_\_\_\_\_

<p><b>Edge Style:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Eased</li><li><input type="checkbox"/> Pencil</li><li><input type="checkbox"/> Bevel</li><li><input type="checkbox"/> Other: _____</li></ul> <p><b>Backsplash:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Tile</li><li><input type="checkbox"/> None</li><li><input type="checkbox"/> Stone</li></ul> <p>Thickness:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> ¾" milled (2CM)</li><li><input type="checkbox"/> Full 3 CM</li></ul> <p>Height:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> 4" standard</li><li><input type="checkbox"/> Full Height</li><li><input type="checkbox"/> Other: _____</li></ul> <p><b>Stove:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Free-standing</li><li><input type="checkbox"/> Slide-in with Rail - Model # _____</li><li><input type="checkbox"/> Cooktop - Model # _____</li></ul>	<p><b>PGS Kitchen Sink:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Promo</li><li><input type="checkbox"/> Granite Composite<ul style="list-style-type: none"><li><input type="checkbox"/> Single</li><li><input type="checkbox"/> 50/50</li><li><input type="checkbox"/> 60/40</li><li><input type="checkbox"/> 40/60 (Promo sinks only)</li></ul></li></ul> <p>Composite Color: _____</p> <p><b>PGS Bath Sink:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Oval</li><li><input type="checkbox"/> Rectangle<ul style="list-style-type: none"><li><input type="checkbox"/> White</li><li><input type="checkbox"/> Bisque</li></ul></li></ul> <p><b>Bar Prep Sink:</b> Model #: _____</p> <p><b>Customer Sink:</b> Model #: _____</p> <p><b>Faucet:</b> Model #: _____</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Single</li><li><input type="checkbox"/> 4" Narrow</li><li><input type="checkbox"/> Widespread</li><li><input type="checkbox"/> Accessories: _____</li></ul>
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Notes: \_\_\_\_\_

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