## QUOTE ORDER Gher CUSTOM COUNTERTOP FORM CUSTOMER #: CONTACT NAME: PROPERTY NAME: PHONE: DATE: ADDRESS: PO#: EMAIL: CITY, ST, ZIP: UNIT#: **KITCHEN** EDGE PROFILE: COLOR: SINK TYPE 33"x22" 25"x22" SPLASH = S CAP = C RADIUS = R VANITY EDGE PROFILE: COLOR: SINK TYPE 19" ROUND 17"x20" OVAL SPLASH = S CAP = C RADIUS = R

FOR RENOVATION, EMAIL: ORDER.RENOVATIONS@CHADWELLSUPPLY.COM FOR STANDARD MRO REPLACEMENT, EMAIL: CABINETORDERS@CHADWELLSUPPLY.COM

THE MEASUREMENTS AND INFORMATION PROVIDED HAVE BEEN VERIFIED TO BE ACCURATE AND COMPLETE. I UNDERSTAND THAT BY SIGNING, I TAKE FULL RESPONSIBILITY FOR THE TOTAL MONITARY VALUE OF THIS ORDER. I ALSO UNDERSTAND THAT THIS IS CUSTOM, MADE-TO-ORDER AND CANNOT BE CANCELLED, REFURNED OR REFUSED ONCE PLACED.

CHADWELL REPRESENTATIVE SIGNATURE:		DATE:
CHADWELL REPRESENTATIVE NAME (PRINT):		
PROPERTY REPRESENTATIVE SIGNATURE:		DATE:
PROPERTY REPRESENTATIVE NAME (PRINT):		
FOR AN ORDER TO BE PLACED; BOTH PARTIES MUST SIGN THAT THEY HAVE VERIFIED AND AGREE THE INFORMATION CONTAINED IS ACCURATE AND COMPLETE.		

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