

CUSTOM COUNTERTOP FORM



CUSTOMER #: _____ CONTACT NAME: _____
 PROPERTY NAME: _____ PHONE: _____ DATE: _____
 ADDRESS: _____ PO#: _____
 CITY, ST, ZIP: _____ EMAIL: _____ 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		

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, RETURNED 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.