

QUOTATION REQUEST FORM

To receive a quote, please complete the tables and return, together with your plan, via post, fax or email.

PERSONAL DETAILS

NAME			
INSTALLATION ADDRESS			
ACCESS	Ground floor YES/NO		
Please describe any difficulties with parking/access to the installation site.			
TELEPHONE NUMBER Please indicate when you would prefer us to call if we have any queries	Home		
	Work		
	Mobile		
EMAIL ADDRESS Or Fax number if preferred			
How did you hear of us?			

DETAILS OF GRANITE/QUARTZ REQUIREMENTS

Colour choice/s			
Number of Hob cut out/s			
Number of Sink cut out/s	Under-		Sit on
under-mounted or sit on	mounted		
Number of Sets of Drainage			
grooves			
Number of tap holes			
Up-stands			
Details of Splash-backs and/or window sills			
Any other requirements			
e.g supply of sink/tap			

Please provide a plan/sketch of the kitchen layout showing the dimensions and the location of the items listed above.