

Phone: (970) 669-7675

Fax: (970) 663-1230

ORDER SHEET

COMPANY NAME:			YOUR NA		
DATE:	BID DAT	E:	PHONE:		
			FAX #:		<u>_</u>
PO#:		_ APPLICATION: KITCHENBATHOTHER			
	(Use separat	e order sheets for mult	tiple areas)		
HOMEOWNER'	S INFORMA	TION: (This must be	e complete for v	varranty information)	
NAME:		PHONE:	-	•	
ADDRESS:		CITY:			
STATE:		ZIPCODE:			
		COUNTERT	OP INFOR	MATION:	
Circle one: Nev	w Home	Remodel			
Circle one: Nev	w Cabinets	Existing Cabi	nets		
Approximate dat	e ready for te	mplate:			
Existing countert	op material:	-			_
Who is doing exis	sting tear out?				_
Solid Surface Ma	terial:	Color	Name:		
Edge Profile:					
Solid Surface Sin	k by Legacy:	N/A Model	.#	Color:	
Splash Type:	Coved or S	Set-On Splas ł	ı Height:		
Sink by others:	Top Moun	nt/ Drop-in Sink	Under mour	nt Sink	
Please list mfg. M	lodel #, and si	ze:	On	job site? Yes No other/ on job site	
Faucet Drillings :	N/A	4"	8"	other/ on job site	
Circle one : Fre	e-standing Rar	nge Slide-i	in Range	Cook Top	
Cutout: Mfg. Nai	ne, model #, a	and size:	On j	ob site: Yes No Steel Support	
		A- By Others	Corbels	Steel Support	
Plywood C	nly				
Bid Price:	1		1 .1		
(Price may change if t	here are significa	nt changes in measure	ments other than	n originally submitted or det	ermined at template)
LEGACY COUN	TERS INC IS	NOT RESPONSE	BLE FOR AI	PPLIANCE REMOVAL	OR MOVING OR
		N OR RECONNEC		TEITH VEL TEIVIO VIII	2 Of the third of
LOWBIT OF BIS	301 (1 (E 0 110)	OTTELEGIALE			
Miscellaneous No	tes:				
1 1.0					
CUSTOMER SIG (Signature required	NATURE:			DATE:	
(Signature required	to begin order p	rocess)			