



ORDER FORM - SOLID SURFACE

11100 West Silver Spring Road

Milwaukee, WI 53225

Tel: 262-432-1060 Fax: 262-432-8760

FILL OUT ONE ORDER FORM PER ROOM

Contractor: _____	
Contact Name: _____	
Address: _____	
City, Zip Code: _____	
PH: _____	Cell: _____
Email: _____	
Job Type: <input type="checkbox"/> KGS Install <input type="checkbox"/> Pick Up <input type="checkbox"/> Delivery	SQ. FT. of Job: _____
Target Measure Date: _____	
Note: _____	
Who do we contact for measure: <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Other	
Target Install Date: _____	
Note: _____	
Who do we contact for install: <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> Other	
Template Info: <input type="checkbox"/> KGS Measure <input type="checkbox"/> Drawing by Contractor/Customer <input type="checkbox"/> DWG/DXF File by Cont/Cust <input type="checkbox"/> Physical Template supplied by Cont/Cust	
Project Type: <input type="checkbox"/> Remodel <input type="checkbox"/> New Construction	
Room: <input type="checkbox"/> Kitchen <input type="checkbox"/> Vanity <input type="checkbox"/> Other:	
Note: _____	
Front Edge Thickness: <input type="checkbox"/> 1 1/2" (standard) <input type="checkbox"/> Other:	
Edge Profile: <input type="checkbox"/> S-09 1/8" Roundover <input type="checkbox"/> S-12 Small Ogee w/ Step <input type="checkbox"/> S-15 Classic <input type="checkbox"/> S-10 1/4" Roundover <input type="checkbox"/> S-13 3/8" Top Bevel <input type="checkbox"/> S-16 Bullnose <input type="checkbox"/> S-11 1/2" Roundover <input type="checkbox"/> S-14 Large Ogee <input type="checkbox"/> P-18 Bird's Beak	
Material Brand: _____	
Color Name: _____	
Inlay: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Color: _____	
Apron: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cabinets: <input type="checkbox"/> Existing <input type="checkbox"/> New
Tearout: <input type="checkbox"/> By KG Stevens <input type="checkbox"/> Contractor <input type="checkbox"/> Customer	
Backsplash: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sidesplash: <input type="checkbox"/> Yes <input type="checkbox"/> No
Overall Height: _____	Overall Height: _____
Under Snack Bar: _____	Under Snack Bar: _____
Splash Style: <input type="checkbox"/> Set On (standard) <input type="checkbox"/> Coved (upcharge)	Splash Style: <input type="checkbox"/> Set On (standard) <input type="checkbox"/> Coved (upcharge)

Date: _____	KGS Quote #: _____
P.O. #: _____	
Job Name: _____	
Address: _____	
City, Zip Code: _____	
PH: _____	Cell: _____
Customer Email: _____	
Lock Box: _____	
Stove: <input type="checkbox"/> Free Standing <input type="checkbox"/> Cook Top <input type="checkbox"/> Slide In	
Model #: _____	
Location: <input type="checkbox"/> On Site <input type="checkbox"/> Specs Attached	
Sink By: <input type="checkbox"/> Contractor <input type="checkbox"/> Customer <input type="checkbox"/> KG Stevens	
Sink Type: <input type="checkbox"/> Integral <input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Farm Sink <input type="checkbox"/> Vessel	
Sink Make & Model #: _____	
Faucet Drillings: <input type="checkbox"/> 1 hole <input type="checkbox"/> 2 holes <input type="checkbox"/> 3 holes <input type="checkbox"/> 4 holes <input type="checkbox"/> 5 holes	
Vanity Faucet Spread: <input type="checkbox"/> 1 hole center <input type="checkbox"/> 4" spread <input type="checkbox"/> 8" spread	
Faucet Make & Model #: _____	
Special Instructions: _____ _____ _____ _____	

PLEASE NOTE THAT FIELD MEASURE WILL NOT BE SCHEDULED UNTIL MODEL NUMBERS OR SPECS ARE PROVIDED FOR: ALL SINKS, BUILT IN RANGES, COOKTOPS AND DOWN DRAFTS. FRONT APRON SINKS MUST BE INSTALLED BEFORE MEASURE.

We will confirm a measure date upon receipt of the completed order form. Please note that all quotes are subject to change upon final field measurement or any other additions or deletions. We do not work with Electricity, Gas or Plumbing. Install date will be determined once a signed off drawing is received.

IN ORDER TO PROCESS YOUR JOB COMPLETELY - INCLUDE THE DRAWING, ORIGINAL QUOTE & THIS FORM.

ATTACH A MAP OR DIRECTIONS IF THE ADDRESS IS DIFFICULT TO FIND

I have placed my order per the above details, if any changes are made, I will fax a Change Order Form.

Customer's/Contractor's Signature

Date