



**DATE**

**LEAD #**

Customer Name \_\_\_\_\_ Contractor \_\_\_\_\_

Customer Phone \_\_\_\_\_ Billing Address \_\_\_\_\_

Customer Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Address \_\_\_\_\_ Estimated Project Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Lead Type \_\_\_\_\_

\*\*\* This form is a preliminary collection of project information for quoting purposes. A final approval will be sent via email following the template of your project. Any changes that are made at the time of template will be reflected in the final template quote approval.

**Materials**

Area	Color 1	Color 2	Color 3
Kitchen Perimeter			
Kitchen Island			
Primary Bath			
Main Bath			

--



**PROJECT INFORMATION**

Book:  R1  R2  R3  NB1  NB2

Fab Only:  Yes or  No

New Cabinets:  Yes or  No

Tear Out Needed:  Yes or  No

**Existing Countertop Material:**

Laminate  Tile  Corian  Granite

**Backsplash**

	Yes	No	4"	Other
Kitchen Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in
Kitchen Island	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in
Primary Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in
Main Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ in

**Edge Detail**

	Std.	Other
Kitchen Perimeter	<input type="checkbox"/>	_____
Kitchen Island	<input type="checkbox"/>	_____
Primary Bath	<input type="checkbox"/>	_____
Main Bath	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____

**Corner Radius Detail**

	3/4"	Other
Kitchen Perimeter	<input type="checkbox"/>	_____ in
Kitchen Island	<input type="checkbox"/>	_____ in
Primary Bath	<input type="checkbox"/>	_____ in
Main Bath	<input type="checkbox"/>	_____ in
	<input type="checkbox"/>	_____ in
	<input type="checkbox"/>	_____ in

**Sink Cutouts**

	DSMG Provided	Model	Faucet Spread
Kitchen Perimeter	<input type="checkbox"/>	_____	_____
Kitchen Island	<input type="checkbox"/>	_____	_____
Primary Bath	<input type="checkbox"/>	_____	_____
Main Bath	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	_____	_____
Other Cutouts	<input type="checkbox"/>	<input type="checkbox"/> Soap <input type="checkbox"/> R/O <input type="checkbox"/> Trash	_____

**Range Type**

Freestanding  Slide In  Drop In Cooktop

Model \_\_\_\_\_ Size \_\_\_\_\_

**Island/Peninsula/Raised Bar Details**

- Island with extended overhang (Over 12") ending with a dishwasher.  
\*\*\* Must have knee wall with brackets or custom corbels/legs from cabinet provider. \*\*\*
- Island with extended overhang (Over 12")  
\*\*\* Using Dark Star concealed brackets \*\*\*
- Peninsula with extended overhang (Over 12")  
\*\*\* Using Dark Star concealed brackets \*\*\*
- Raised Bar with extended overhang (Over 12")  
\*\*\* Using Dark Star concealed brackets \*\*\*