



Office (702) 740-5848

Fax (702) 740-4059

Estimate Request

Name: _____ Date _____

Billing address	Site/Shipping Address
Street	Street
City, State, Zip	City, State, Zip

Contact numbers: Home Phone: _____ Home Fax: _____
 Work Phone: _____ Work Fax: _____
 E-Mail _____ Other _____

Location: Kitchen Bath Other _____

Type: New Remodel

Backsplash: No Yes
 Height: Standard (4 inch) Full Other _____
 Electrical Outlets: No Yes Number _____

Appliances: No Yes
 Free Standing Range Slide In Range Cook-top

Sink: No Yes
 Drop In Under-mount

Material: Thickness _____
 Stone Type _____
 Colors _____

Edge Type: Eased Polished Square Bevel Rounded Other

Notes _____

