

Countertop Estimate Worksheet:

CUSTOMER NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PH: _____ MOBILEPH: _____ FAX PH: _____

EMAIL: _____

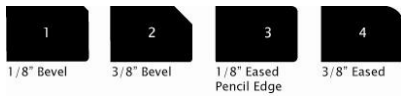
ROOM: _____

MATERIAL: _____ COLOR: _____ THICKNESS: _____

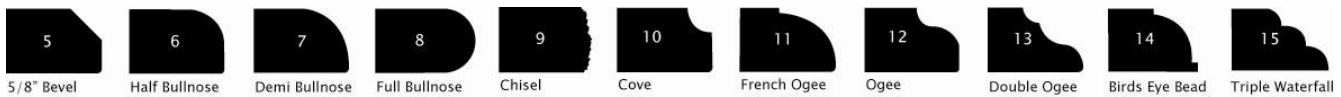
MATERIAL LOCATION (CIN, COL, OTHER): _____ OPEN STOCK: _____ TAG #'S: _____

EDGE (CIRCLE BELOW)

STANDARD EDGES:



PREMIUM EDGES:



NOTES:

JOB TYPE: KITCHEN VANITY BAR OTHER

#UM SINKS: TYPE (CIRCLE) D/B S/B APRON

#DROP-IN SINKS: TYPE (CIRCLE) D/B S/B APRON VESSEL

SINK BRAND: MODEL# SINK STATUS (CIRCLE) ON JOB SITE MEES STOCK MEES SHOP

FAUCET BRAND: MODEL# FAUCET STATUS (CIRCLE) ON JOB SITE MEES STOCK MEES SHOP

OF HOLES FOR FAUCET: _____

BACKSPASHES (CIRCLE) NO 4" 6" FULL OTHER _____

STOVE: DROP-IN SLIDE-IN FREE STAND

TEMPLATE: MEES CUSTOMER SUPPLIED (CUSTOMER SIGN OFF REQUIRED)

INSTALL: MEES CUSTOMER

ADDITIONAL SERVICES: TEAR OUT RAISE COUNTERTOP

IF CUSTOMER HAS RESERVED SLABS, DOES CUSTOMER REQUEST APPROVAL OF TEMPLATE/SLAB LAYOUT: Y N

PLEASE FAX A DRAWING OF YOUR COUNTERTOPS ALONG WITH THIS CHECKLIST TO ONE OF OUR BRANCHES LISTED BELOW!

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