

## Dealer Measuring / Install Information Sheet

Dealer / Store Location: \_\_\_\_\_ Phone # : \_\_\_\_\_  
Fax # : \_\_\_\_\_  
Sales Rep: \_\_\_\_\_

MEASURE ONLY:  PO # : \_\_\_\_\_

MEASURE FOR POSSIBLE INSTALL:

**CUSTOMER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**DAYTIME NUMBERS:** \_\_\_\_\_

**MAP / DIRECTIONS ATTACHED:** Yes  No

### AVAILABLE TIMES FOR MEASURE:

Monday Tuesday Wednesday Thursday Friday \_\_\_\_\_  
\_\_\_\_\_

**ROUGH LAYOUT ATTACHED:** Yes  No

**INITIAL ESTIMATE:** Yes, Attached  No  Estimate # : \_\_\_\_\_

### COLOUR CHOSEN:

Unknown

Known  Colour # : \_\_\_\_\_ Colour Name: \_\_\_\_\_

**PROFILE CHOSEN:** Unknown  Known  \_\_\_\_\_

**BACKSPLASH:** Yes  No

The undersigned understands and agrees that there will be a charge of \$75.00 (plus applicable taxes) for Cutting Edge Countertops staff to make a site visit to the above stated customer for the purpose of measuring of countertops. This charge will be credited back to the Dealer if measure results in an install being performed by Cutting Edge Countertops Install Staff.

Dealer Signature: \_\_\_\_\_ Date: \_\_\_\_\_