

## 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: \_\_\_\_\_

\_\_\_\_\_  
Customer Initials

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

\_\_\_\_\_  
Customer Initials

**BACKSPLASH:** Yes  No

\_\_\_\_\_  
Customer Initials

The undersigned understands and agrees that there will be a charge based on kilometers (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. 50% of 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: \_\_\_\_\_