

Order Confirmation Agreement

Order Date	Expected Template Date: (cabinetry ready) mm/dd/yyyy
Quote#	
Customer P.O.#	# of Trips Required: Template: _____ Install: _____ (as per quote. Additional charges for extra trips.)

Dealer Information

Business Name: _____ Phone: _____
 Contact Name: _____ Contact Email: _____

Customer Information

Name: _____ Phone: _____
 Street Address: _____ City: _____ Postal Code: _____

Quote Options Selected/Changes/Notes:

- I confirm that any existing countertops will be removed prior to Template.
- I confirm that all sinks, faucets and stoves will be on site at time of Template (slide-in stove in an Island will be in place but not connected).
- I acknowledge that additional charges will apply if a return trip is required due to same day cancellation, or if the job site is not ready.
- I acknowledge that additional charges will apply if a second crew is deemed necessary for installation.
- I acknowledge the price quoted is an estimate and subject to change after templating (based on final sq.ft. and current material pricing).
- I/we hereby assume full liability for all payments for purchases from Elegant Solutions by the above noted Company.

 Total \$ Amount Estimated
 (before tax)

 Authorized Signature

 Date (mm/dd/yyyy)

CAMBRIA EDGE PROFILE GUIDE

Available Size: 2cm SHALE	Available Size: 2cm & 3cm IDRIS RIMROCK	Available Size: 3cm BASIN LEDGE	Available Size: 4cm (2+2) BOULDER BRYN GLACIAL	Available Size: 6cm (3+3) CASCADE CORNICE MESA
Available Size: 3cm & 4cm TREELINE	Available Size: 2cm, 3cm & 4cm PIEDMONT SEACLIFF SUMMIT DBL TREELINE VOLCANIC		Available Size: 2cm, 3cm, 4cm & 6cm RIDGELINE MORAINÉ	

Please complete Area Details for each room. **NOTE: Missing or incorrect information WILL delay templating.**

Area Name: _____	Total \$ amount from quote EST. _____
Design/Colour Name: _____	Edge Thickness: _____
Finish: <input type="checkbox"/> Polished <input type="checkbox"/> Matte	Edge Profile Name: _____
Underside Polish: <input type="checkbox"/> Yes (additional charge) <input type="checkbox"/> No	Cabinets: <input type="checkbox"/> New <input type="checkbox"/> Existing
<input type="checkbox"/> Backsplash Height: _____ Thickness: <input type="checkbox"/> 1cm <input type="checkbox"/> 2cm <input type="checkbox"/> 3cm <input type="checkbox"/> Sidesplash <input type="checkbox"/> Full Height Backsplash: Please provide elevation drawing.	
Sinks, faucets and appliances MUST BE ON SITE for templating.	
SINK	FAUCET
Make: _____ Model#: _____	Make: _____ Model#: _____
Location: _____	Location: _____
Type: <input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Apron	Additional Cutouts and Location: _____
Reveal: <input type="checkbox"/> Mfrs Std <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Flush	<input type="checkbox"/> Soap/RO/Sprayer <input type="checkbox"/> Grommet/Other
APPLIANCES	
Cook-top Make: _____	Model#: _____
Stove Make: _____	Model#: _____
Stove Type: <input type="checkbox"/> Slide-In <input type="checkbox"/> Freestanding	Stove Stick Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fireplace Make: _____	Model#: _____
Notes: _____	

Area Name: _____	Total \$ amount from quote EST. _____
Design/Colour Name: _____	Edge Thickness: _____
Finish: <input type="checkbox"/> Polished <input type="checkbox"/> Matte	Edge Profile Name: _____
Underside Polish: <input type="checkbox"/> Yes (additional charge) <input type="checkbox"/> No	Cabinets: <input type="checkbox"/> New <input type="checkbox"/> Existing
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SINK	FAUCET
Make: _____ Model#: _____	Make: _____ Model#: _____
Location: _____	Location: _____
Type: <input type="checkbox"/> Undermount <input type="checkbox"/> Topmount <input type="checkbox"/> Apron	Additional Cutouts and Location: _____
Reveal: <input type="checkbox"/> Mfrs Std <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Flush	<input type="checkbox"/> Soap/RO/Sprayer <input type="checkbox"/> Grommet/Other
APPLIANCES	
Cook-top Make: _____	Model#: _____
Stove Make: _____	Model#: _____
Stove Type: <input type="checkbox"/> Slide-In <input type="checkbox"/> Freestanding	Stove Stick Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fireplace Make: _____	Model#: _____
Notes: _____	

I confirm that the above information is accurate, and all sinks, faucets and appliances will be on site for Templating.

Authorized Signature

Date (mm/dd/yyyy)