

Lily Ann Cabinets Design and Estimate Request Form

Please include this form with job measurements and any additional notes.

Bill to Contact Details:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Ship to Contact Details: (if different than above)

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Other Job Details (if unsure, leave blank):

Lily Ann Cabinets line/s to quote: _____

Quote cabinets for kitchen? (YES / NO) Quote cabinets for bath? (YES / NO)

Quote cabinets for laundry? (YES / NO) Quote cabinets for other? (YES / NO)

What size uppers? (30" / 36" / 42") Ceiling height: _____

Quote crown molding? (YES / NO) Quote crown insert? (Rope / Dentil)

Quote light rail molding? (YES / NO) Accessories: _____

Cabinetry Notes: _____

LOCAL ONLY: Quote granite countertops? (YES / NO) Color: _____

Undermount kitchen sink? (YES / NO) Undermount bath sink? (YES / NO)

Custom sink cutout? (YES / NO) Details: _____

Quote 4" backsplash on walls? (YES / NO) Edge: (Eased / 1/4" / Half Bull / Bull)

Granite Notes: _____
