

## Template & Measure Form

Sales Person	

CAMBR	IA		FOrm		Date		
Name				Home Pho	one Number		
Address				Cell Phone	Number		
City	State	Zip Code		Work Phoi	ne Number		
This area to be filled	d out by scheduler:						
Measure Date:						THIN 48 HOURS OI	-
Day			DRAWINGS N	1UST BE TUF	RNED IN WITHIN 2	24 HOURS OF MEA	ASUREMENT
Time:		Measu	ırers Name				
Home is a		Tear-out	Ro	om			
Back Splash	Sink Mount		Sink Brand	d		Sink Model #	
Stove Type			Fau	cet Holes			
<b>Color Selection</b>	1						
<ul><li>Ashford</li></ul>	<ul><li>Nottingham</li></ul>	○ Welshpool Black				3cm edges	
<ul><li>○ Bradford</li><li>○ Bristol Blue</li></ul>	<ul><li>○ Oakhampton</li><li>○ Oxford</li></ul>	<ul><li>○ Whitehall</li><li>○ Wilshire R</li></ul>				Standard	-
Brownhill	Oxwich Green	Windsor					
Burton Brown	○ Park Gate	<ul><li>Yorkshire</li></ul>				Single Bevel Group I	Waterfall
Cambrian Black	Preston						
<ul><li>Cardiff Cream</li><li>Chatam</li></ul>	○ Reading					Bullnose	Demi-Bullnose
Cherrybrook	Shefield						
<ul><li>Coswell Cream</li><li>Cranbrook</li></ul>	<ul><li>Snowdon White</li><li>Southampton</li></ul>					Roundover top & bottom	
<ul><li>Fieldstone</li><li>Flint Black</li></ul>	<ul><li>○ Stafford Brown</li><li>○ Sussex</li></ul>					Group II	
<ul><li>○ Hazelford</li><li>○ Hyde Park</li></ul>	<ul><li>Sutton</li><li>Victoria</li></ul>					Ogee Group III	
<ul><li>Kensington</li></ul>						Group III	
○ Lancaster						Double Ogee	Triple Pencil
	Cu	st. Signature				1	