



COUNTER DESIGN COMPANY, INC.

CUSTOM LAMINATED PRODUCTS AND SOLID SURFACE FABRICATOR
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FAX: 812.477.0216
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MEASURE REQUEST

Company: _____

Designer: _____

Phone Number: _____ Extension #: _____

Please fill out the following information:

Customer's Name: _____

Address of measure: _____

City: _____ State _____

Contact Phone #s: _____

Date of Measure: _____

We should contact to set up measure: Designer Customer

Has material for this job been preordered? Yes No

Was this job quoted? Yes No If so, what date? _____

With this info, please submit any drawings pertaining to this order such as cabinet layout or countertop drawings. If quoted, include copy of quote.

P.O. # _____ (Or if you do not use purchase orders, supply job name.)

Edge/Profile of top: _____

Color Number: _____ Finish: _____

Backsplashes: Yes No If yes, type of splash: _____

Sink Information (Brand and Model Number) and template if required: _____

Additional Instructions: _____