CLIENT QUESTIONNAIRE

Tell us about you!

Name		Phone #
Address		
E-mail		
Tell us about your proje		
When would you like to b	egin?	
When would you like to fi	inish?	
Will you be moving walls?) 	doors/windows?
plumbing/electrical?		
What style and colour of	CABINETS are you	considering?
Cabinet doors made of w		
Wood	MDF	Thermofoil Other
	Banks of drawers	included? Garbage/recycling in cabinet Pantries nce Crown moulding
		red height uppers Glass doors
		andles Island Furniture kick
Open shelves Other_		
open sherves other_		
What type of COUNTERT	OP would you like?	
LaminateQua		
Colour		
Edge Profile	Backspla	ash
Sink		Faucet
Will you be buying now A	DDI IANCES or rousi	ng the current ener?
		ng the current ones? leftrightside/side French door
		gaselectricfreestandingslide-in
Cooktop W=x		
		rangehooddowndraftother shelfcountertopbuilt-inrangehood
Wall over W- v	D	single double
Wall Over W=x	D=X	singledouble built-inportableother
Dishwasher w=x	D=X Π=	built-inportableother
Tell us about your space	1	
Ceiling height	sloped?	bulkheads?obstructions?
Flooring new?	existing?	under current cabinets?
Can the electrical/plumb	ing be moved?	
year are adming our more	L2	
Tell us anything else we	need to know	
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