

HEIM GRANITE NEW CUSTOMER FORM

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE NUMBERS: _____

INSTALL ADDRESS: _____ ZIP CODE _____

CONTRACTOR: _____

JOB:

NEW CONSTRUCTION

CLOSING DATE: _____

NEW CABINETS

INSTALL DATE: _____

REMODEL

REQUEST DATE: _____

ITEMS:

KITCHEN ISLAND DESK

VANITIES FIREPLACE COUNTER TOP

TABLE TOP BAR SHELF HUTCH

RECEPTION DESK

BACKSPLASH: _____

EDGE TREATMENT: _____

SINK TYPE: _____

STOVE STYLE: COOK TOP STANDARD HANGING

TEAR OFF DISPOSAL BY OTHERS

NOTES:

GRANITE SELECTIONS:
