Natural Elegance

Cabinet and/or Counter Top Estimator

From:

Company Name: _____ Contact: _____

Business Address: _____ City: _____, CA Zip: _____

Phone: _____ Fax: _____ Email: _____

Job Address: _____ City: _____, CA Zip: _____

Job Specifics Please enter all this information in order to receive an accurate quotation:

Total number of Units in this building: _____ Number of Units this sketch represents: _____

Unit location: ___ Ground Floor ___ 2nd Floor Elevator? ____ Yes ____ No

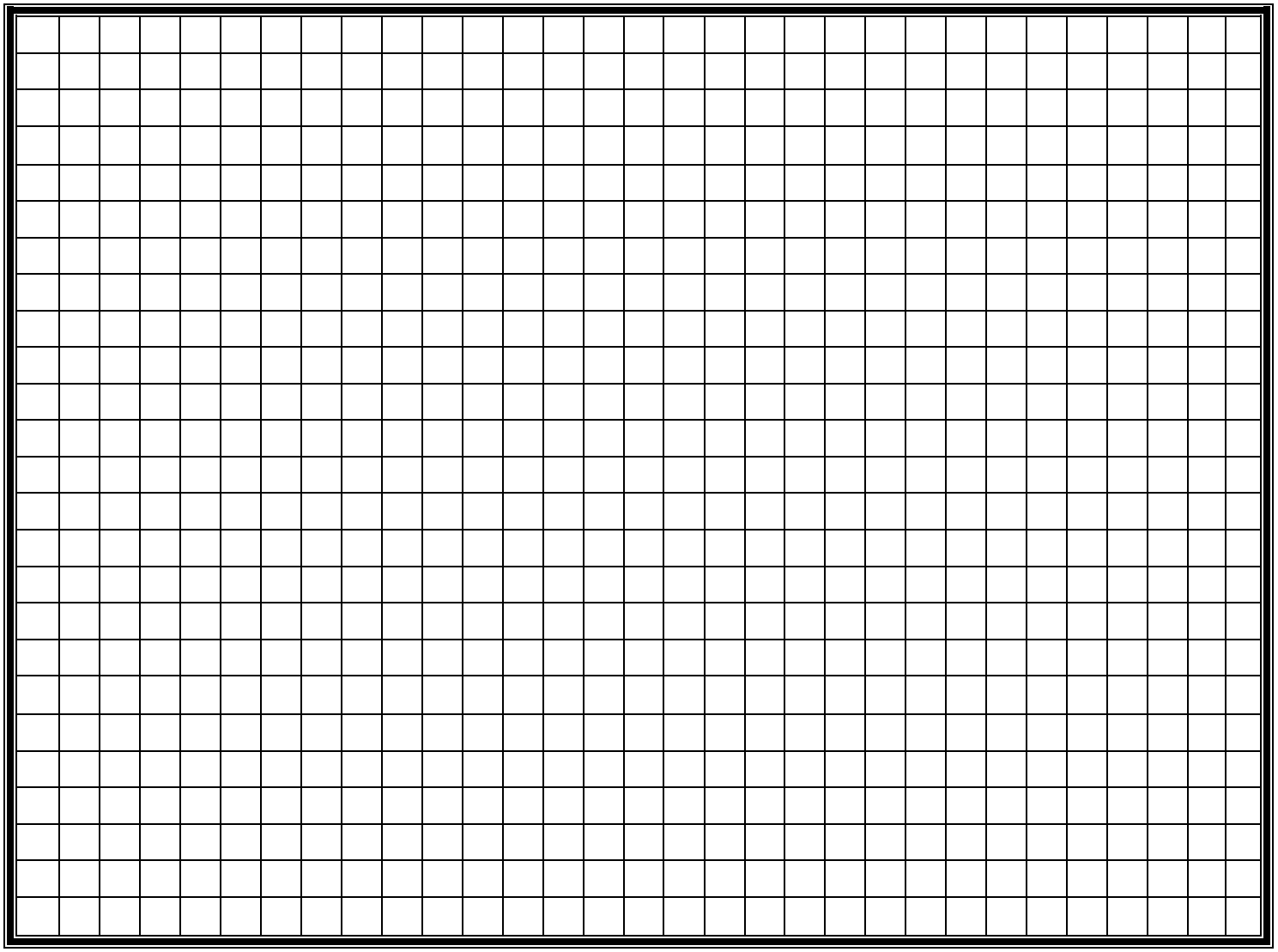
Desired backsplash height: ___ 4" ___ 6" ___To wall cabinets Sink hole: ___ Over Mount ___Under Mount

Sketch & measurements: This is a : ___ Kitchen ___ Bathroom ___ Other: _____

Granite Color: _____ (for cabinets) Floor to ceiling height (measure in at least 3 places): _____

Scale: ¼" = 1'

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31



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