

CUSTOMISED MODULAR KITCHEN QUOTE FORM



Fields marked with an * are required

First Name *		Last N	Name *		
Email *					
Phone Numbers *					
m:			work/home:		
Address *					
Suburb *		State	*	Post Code *	
What is the total width of your alfresco area? * (Please use centimetres or millimetres)					
Do you require a 'wall-to-wa	all' solution? *				
No (Yes				
CABINETRY COLOUR *					
Please select one cabinetry colour for your doors + kickers					
Black	Polar White	Moose	Fox Teakwood	Elegant Oak	
Natural Walnut	Seasoned Oak	Oyster Linea	Burnished Wood	New Graphite	
STONE BENCHTOP COLOUR *					
Please select one stone colour					
Sparkling White	Spa	rkling Grey	Sparkling Bla	ick	

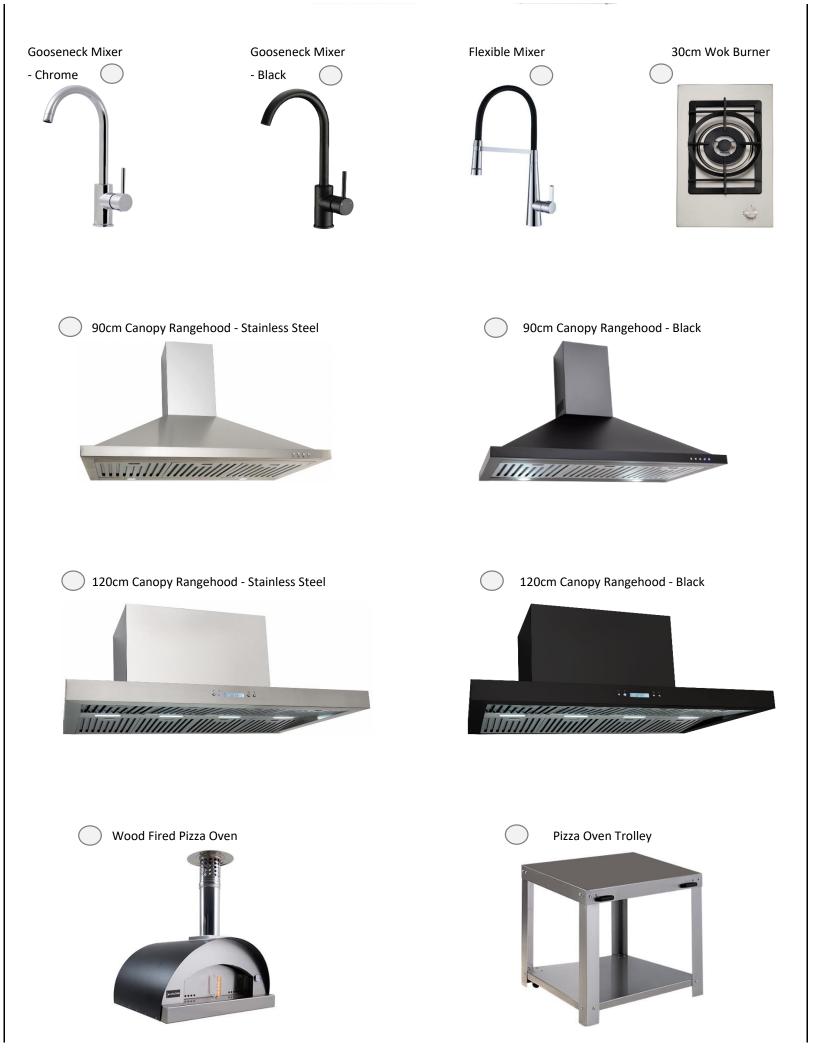






SELECT YOUR APPLIANCES *





Under Sink Shelf	Twin Slide-Out Bin				
BBQ REQUIREMENTS	BEVERAGE COOLER REQUIREMENTS				
LPG	Left Hinged (Handle on right hand side)				
Natural Gas	Right Hinged (Handle on left hand side)				
Please tick if you require 6mm groove lines on your cabinetry					
Additional Notes - any additional requirements (eg. 'Require kitchen in reverse image, black BBQ)					
HOW DID YOU HEAR ABOUT US? *					
Google					
Social Media					
Word of Mouth					
Healthy Homes (TV Show)					
In Store (Euro Re-Seller)					
Other					
Which store were you referred by?	Thank you!				