

SCF CUSTOMER ORDER FORM



2075 Davis Road
Cavan Monaghan, ON
sales@scfcountertops.com
705-749-2222

Material Quoted	_____
Sink Quoted	_____
Other:	_____
Subtotal	\$ _____ -
HST	\$ _____ -
Total	\$ _____ -
Deposit	_____

Ready for template? Yes No Estimated Date: _____

Customer Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

SCF REQUIRED INFORMATION

If any of this information is missing it may delay templating or install

Are your cabinets new? Yes No

Material: Granite Quartz Solid Surface **Thickness:** 2cm 3cm 4cm

Colour: _____ **Offcut / Granite Location:** _____

Profile: _____

Sink:
Make/Model _____ Apron Undermount Drop in

*Sinks are required to have a DXF file (electronic cut out template) if one is not available, you may be required to provide a new sink.

Radius Corners: _____ Not discussed

Stove:
Make/Model: _____ Freestand Slide in

Cooktop:
Make/Model: _____ Downdraft? **Faucet Hole:**
 Single
 4" Center
 8" Center
 None

Backsplash? Yes No **Splash Height** _____

REMOVAL/DISPOSAL Yes No TBD **Cost** _____

****Our insurance prevents us from doing any plumbing, gas or electrical work in a customers home**

Customer's Signature: _____

****I am confirming that all of the information above is correct.**