



PERSEY Sales
CABINET

Name _____

Address _____

City _____

Scale _____

	Type	Size W x D x H	Hinge Position L/R (Facing Appliance)
Refrigerator			
Range			
Cooktop			
Exhaust Hood			
Wall Oven			
Microwave			
Dishwasher			
Sink			
Disposal			
Compactor			
Freezer			
Other			

Name: _____ Date: _____

Delivery Address: _____

JERSEY *sales* CABINET

Phone Number: _____ Email: _____

Fax: _____ Style: Premiere oak, Stockholm, Heritage, Provincial

Ceiling Height: 8ft. 9ft. 10ft.+ Staggered Wall Heights: YES NO

Instructions:

1. Please provide personal information.
2. Please check cabinets styles, ceiling heights and if there are staggered wall heights.
3. Please indicate on the graph paper where appliances are located.(refrigerator, stove, sink etc) and the widths of them.
4. Please print out and complete appliance/picture information page.
5. Finally, if there are any special requests you would like us to keep in mind when designing your kitchen, please let us know in the space below.
6. Example: Please put Roll-Out Trays where possible... Crown Moldings... Glass Mullion Doors...Decorative Side Panels...etc
7. Fax or Email using the information at the bottom of the page feel free to call us with questions.

Notes: _____

