



CHESTERCOBB
Cabinetry

CHESTER COBB CUSTOMER INFORMATION REQUEST

Customer Information

NAME(S) _____

CURRENT RESIDENCE _____

JOB SITE ADDRESS _____

PHONE: (h) _____ (w) _____ (cell) _____

EMAIL ADDRESS: _____

HAVE YOU PURCHASED CUSTOM CABINETS IN THE PAST? _____

WILL YOU BE USING AN ARCHITECT? _____

WILL YOU BE USING AN INTERIOR DESIGNER? _____

DESIGN PLAN INPUT: CHECK EACH THAT APPLIES

____ NEW HOME ____ REMODEL ____ ADDITION

DESIGN FOR WHICH ROOM(S)

____ KITCHEN ____ BATH ____ LIBRARY ____ OTHER

____ ESTIMATED BUDGET FOR PROJECT

____ ESTIMATED COMPLETION DATE FOR THIS PROJECT

____ NUMBER OF HOUSEHOLD MEMBERS

____ NUMBER OF PETS

PLEASE BRING PHOTOS OR ANY OTHER VISUALS OF CABINETS YOU LIKE TO NEXT MEETING.

Referral Partner Information (if applicable)

NAME/OCCUPATION: _____

Name (Print)

Occupation

ADDRESS: _____ CELL : _____

SIGNATURE: _____ DATE: _____

NOTES: _____

