



**GRAPH PAPER FOR QUOTATION (SEE DRAWING SAMPLE)  
FAX TO: 225.756.0071**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address or Fax: \_\_\_\_\_

Stone Color & Thickness: \_\_\_\_\_

Edge Detail: \_\_\_\_\_

Sink Type: *(Undermount/Drop-In/ Farmhouse)* \_\_\_\_\_

Range or Cooktop \_\_\_\_\_

Demolition Type: *(if applicable)* \_\_\_\_\_

Backsplash Type: \_\_\_\_\_

