Email this form to info@jwcountertops.com

J & W Counter 70ps, Inc.

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TOTAL # OF TOPS

DATE & TIME ☐ ESTIMATE	DATE & □ PRE-ORDER		DATE & ☐ READY FOR F		DATE & TIME ☐ ORDER, MAKE PER DRAWING
BILLING NAME		□ PFND □ PFWF	(Postformed No-Drip) (Postformed Waterfall)	JOB NAME	☐ MATERIAL WAS PRE-ORDERED
	EN ED EC ER EOMER	□ PF180	(Postformed 180°)		
BILLING ADDRESS		□ PFEURO □ PFEV	(Postformed European) (Postformed Edge Veneer)	JOB ADDRESS	□SAME AS BILLING ADDRESS
CITY	STATE ZIP CODE	□ PFLB □ PFFWO	(Postformed Laminate Bevel) (Postformed Full-Wrap Ogee)	CITY	STATE ZIP CODE
CONTACT	PHONE#	\square EV	(Edge Veneer)	JOB CONTACT	HOME/JOB PHONE#
OTHER#	CELL#	□ EVLB □ EVWE	(Edge Veneer Laminate Bevel) (Edge Veneer Wood Edge)	OTHER#	CELL#
PO#		□ OTHER: _		SINK INFO	□SINK PROVIDED BY J & W
□NOTE(S)		COLOR NUMBER	& FINISH	RANGE/COOKTOP	INFO
				-	
Please provide NET counte Double lines indica A D D D D D D D D D D D D	r top measurements in inches. Dr	TEMPLATIN awings are not to the F.O.B. our short the property of the property	E	TEAR OUT & HAI atment & options si / - Wall, XX - Spec C	JL AWAY TOTAL such as cutouts, clips, radii, loose pad, etc cial Edge (Such as Bevel or Wood)
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