Email this form to info@jwcountertops.com

J & W Counter 70ps, Inc.

PAGE	OF	

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TOTAL # OF TOPS	

DATE & TIME □ ESTIMATE □ PRE BILLING NAME □ A □ D □ C □ R □ OT				DATE & TIME ☐ PRE-ORDER MATERIALS								DATE & TIME ☐ READY FOR FIELD MEASURE								DATE & TIME ☐ ORDER, MAKE PER DRAWING										
					RE ORDER					□ PFND □ PFWF			(Postformed No-Drip) (Postformed Waterfall)						MEN IS ONE								DERED			
				THER		JOB NAME																								
BILLING ADDRESS						□ PF180 □ PFEURO □ PFEV □ PFLB			(Postformed 180°) (Postformed European)						JOB ADDRESS						□SAN	IE AS I	BILLING	G ADDRESS						
CITY STATE ZIP CODE CONTACT PHONE#					(Postformed Edge Veneer) (Postformed Laminate Bevel)					CITY					STATE ZIP CODE															
					□ PI	FFW(V		(Postformed Full-Wrap Ogee) (Edge Veneer)						JOB CONTACT					HOME/JOB PHONE#											
OTHER# CELL#						_		VLB VWE		(Edge Veneer Laminate Bevel) (Edge Veneer Wood Edge)					OTHER#					CELL#										
PO#							THE													□SINK PROVIDED BY J & W										
□NOTE(S)				_	COLO	R NUM	IBER &	RANGE/COOKTOP INFO																						
																			_											
COUNTER TOPS DTAX DMEASURING & DELIVERY					TEMPLATIN							□TEAR OUT & HAUL AWAY																		
ricasc	Do	uble li	nes in	dicate	back	ksplas	h. Al	l cour	iter to	ps are	e F.O.	B. ou	r sho	o scale. Please note all end frea op. Key: X - Flat End Cap, W					while α options such as W - Wall, XX - Special Ec					as cutouts, clips, radii, loose pad, etc Edge (Such as Bevel or Wood)						
																													-	