Email this form to info@jwcountertops.com

J & W Counter 70ps, Inc.

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PAGE	OF	

		DATE & TIME PRE-ORDER MATERI	ALS	DATE & □ READY FOR F		DATE & TIME ☐ ORDER, MAKE PER DRAWING		
		□ PFN	ID .	(Postformed No-Drip)		☐ MATERIA	L WAS PRE-OF	DERED
BILLING NAME □A □D □C □R □O			PFWF (P	(Postformed Waterfall) (Postformed 180°)	JOB NAME			
BILLING ADDRESS		□ PFE	FEURO (Postformed European) FEV (Postformed Edge Veneer) FLB (Postformed Laminate Bevel)	JOB ADDRESS		□SAME AS	BILLING ADDRESS	
CITY	STATE ZIP 0	CODE PFE		CITY		STATE	ZIP CODE	
CONTACT	PHONE#	□ PFF □ EV		(Edge Veneer)	JOB CONTACT		HOME/JOB	PHONE#
OTHER#	CELL#	□ EVV	☐ EVLB (Edge Veneer Laminate Bevel) ☐ EVWE (Edge Veneer Wood Edge)	OTHER#		CELL#		
PO#		DTI	OTHER:		SINK INFO		□SINK PRO	VIDED BY J & W
□NOTE(S)		COLOR	NUMBER	& FINISH	RANGE/COOKTOP INF	FO		
Double lines indica A Double lines indica Double lines indica Double lines indica	□MEASURING & top measurements in te backsplash. All cou	inches. Drawings ar	MPLATING not to our sh	E	TEAR OUT & HAUL atment & options suc 7 - Wall, XX - Specia C	h as cutouts, cl	TOTAL lips, radii, lo s Bevel or W	ose pad, etc /ood)
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