

Email this form to  
info@jwcountertops.com

# J & W Counter Tops, Inc.

600 North Street, Springfield, IL 62704  
Phone# (217) 544-0876 www.jwcountertops.com Fax# (217) 527-1315

PAGE  OF

TOTAL # OF TOPS

DATE & TIME <input type="checkbox"/> ESTIMATE	DATE & TIME <input type="checkbox"/> PRE-ORDER MATERIALS	DATE & TIME <input type="checkbox"/> READY FOR FIELD MEASURE	DATE & TIME <input type="checkbox"/> ORDER, MAKE PER DRAWING <input type="checkbox"/> MATERIAL WAS PRE-ORDERED
BILLING NAME <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> R <input type="checkbox"/> OTHER	<input type="checkbox"/> PFND (Postformed No-Drip) <input type="checkbox"/> PFWF (Postformed Waterfall) <input type="checkbox"/> PF180 (Postformed 180°) <input type="checkbox"/> PFEURO (Postformed European) <input type="checkbox"/> PFEV (Postformed Edge Veneer) <input type="checkbox"/> PFLB (Postformed Laminate Bevel) <input type="checkbox"/> PFFWO (Postformed Full-Wrap Ogee) <input type="checkbox"/> EV (Edge Veneer) <input type="checkbox"/> EVLB (Edge Veneer Laminate Bevel) <input type="checkbox"/> EVWE (Edge Veneer Wood Edge) <input type="checkbox"/> OTHER: _____	JOB NAME	
BILLING ADDRESS		JOB ADDRESS <input type="checkbox"/> SAME AS BILLING ADDRESS	
CITY STATE ZIP CODE		CITY STATE ZIP CODE	
CONTACT PHONE#		JOB CONTACT HOME/JOB PHONE#	
OTHER# CELL#		OTHER# CELL#	
PO#		SINK INFO <input type="checkbox"/> SINK PROVIDED BY J & W	
<input type="checkbox"/> NOTE(S)	COLOR NUMBER & FINISH	RANGE/COOKTOP INFO	

COUNTER TOPS  TAX  MEASURING & DELIVERY  TEMPLATING  INSTALLATION  TEAR OUT & HAUL AWAY TOTAL

Please provide NET counter top measurements in inches. Drawings are not to scale. Please note all end treatment & options such as cutouts, clips, radii, loose pad, etc...  
Double lines indicate backsplash. All counter tops are F.O.B. our shop. Key: X - Flat End Cap, W - Wall, XX - Special Edge (Such as Bevel or Wood)

