Worktop Quotation Form

CAVENDISH EQUIPMENT
LIMITED

Manufacturers of Domestic Stainless Steel Kitchens

Customer Name _____

Installation Address _____

_____ **Post Code** _____

Telephone No. _____ **Fax No.** _____

E-mail _____

WORKTOP SPECIFICATION

Type	Thickness in mm	
	Edge Profile	
Upstand to Wall	Required Yes / No	
	Height in mm	
	Thickness in mm	
	Integral/Loose	
Hob Cut Out	Required Yes / No	
	Size (Lmm x Wmm)	
Sink/Drainer Unit	Cut out only Yes / No	
	Size (Lmm x Wmm)	
	Welded in sink Yes / No	
	Model	
	Drainer (LH/RH)	
Back Splash Details	Thickness in mm	
	Cut out for Sockets Yes / No	
	Quantity of Sockets	

Further details

PLEASE GIVE A DETAILED LAYOUT PLAN SHOWING POSITION OF HOBS, SINKS, CUT OUT AROUND PIPES etc

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