Name: _____

Address: _____

_____

_____

Phone: _____ Fax: _____

email address:

info@summitproductsaz.com
ph 887.390.2227 * Fax 520.461.1575

Cabinet Door Style: **Date:**

Appliance Sizes:	SIZE	Appliance Sizes:	SIZE
Refridgerator		Sink	
Range (stand alone)		Dishwasher	
Cook Top		Other	
Wall Oven		Other	
Hood		Other	
Microwave Hood		Other	

DID YOU REMEMBER TO MEASURE????

All Walls		Plumbing		Ceiling Height		Window-Width	
Venting		Electrical		Soffit Height		Window-Height	
Door Openings		Gas Lines		Lighting		Window-From Floor	