



Special Order#: _____ **CABINET SUPPORT MATERIALS WORKSHEET**

This Worksheet must be filled out before the folder is turned in to the Installation Department. All folders without this worksheet will be returned to the Salesperson.

Salesperson: _____ Date: _____
 Type of Construction: _____ New Remodel

QUOTE ORDER

Sold To: _____ Company/Name

Cabinet Style: _____ Color/Style: _____

QUOTED AMOUNT: \$ _____

Installation Date: ____/____/____

Cost: \$ _____ Sell: \$ _____

****CONTRACT MUST ACCOMPANY CASH SALE- COD****

Name: _____ Lot Number/Name

Type of Floor: _____

PRICING/ MARK-UPS

Price Level: _____

Street Address _____ Lot Number/Name

Soffit: Yes / No

City _____ State _____ Zip Code _____

Lumber

1x12x4(11242WPP) _____ pcs 1/4x4x8(14L) _____ pcs

1x4x8(1482WPP) _____ pcs 2x4x8(248) _____ pcs

Glass

2x6x8(268) _____ pcs

Koetter Crown
 Style #: _____ Qty: _____

<u>Description</u>	<u>Vendor</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Hardware _____ Qty: _____

Miscellaneous Items

<u>Description</u>	<u>Vendor</u>	<u>Cost</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

COUNTERTOPS

Vendor: _____

Style: _____

Cost: \$ _____ Markup: % _____

Template: Yes / No _____

Vendor: _____

Style: _____

Cost: \$ _____ Markup: % _____

Template: Yes / No _____

Vendor: _____

Style: _____

Cost: \$ _____ Markup: % _____

Template: Yes / No _____

Stock Marble

<u>SKU</u>	<u>Qty</u>
_____	_____
_____	_____
_____	_____
_____	_____



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Information must be filled out in the header screen of the Special Order ticket that includes the following:

- Customer's Name/ Job Name for Builders
- Street Address
- City
- State
- Zip Code
- Two Phone Numbers (minimum)
- Email Address

Paperwork that must be in the folder before the order will be processed:

Items that must be on the ticket before the ticket will be processed:

Section A- Customer Signed Documents

- Special Order Agreement with Customer's Signature
- Final Selections and Specifications including Customer's Signature
- Total Sale Amount with Payment Plan including Customer's Signature

- Hardware
- Install Cost
- PCIS/PP2 (filled out with agreed totals)
- Delivery SKU
- CI SKU

Section B- 20/20 or SPRUCE Paperwork

- Cabinet Item List from 20/20 or SPRUCE
- Floor Plans from 20/20 or SPRUCE
- Elevation Drawings from 20/20 or SPRUCE

Section C- Information Needed to Order Tops

- Countertop Drawing
- Sink Cut-Out Specifications
- Custom Marble Order Form

Section D- Other Information Needed

- Map or Directions to Jobsite
- Appliance Specifications
- Floor Covering Type/Thickness _____

Expected delivery Date: ____/____/____



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CABINET SUPPORT

MATERIALS WORKSHEET

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RESPONSIBILITY AGREEMENT SHEET FOR MISC. DETAILS

<u>PC</u>	<u>CUSTOMER</u>	<u>SCOPE OF WORK</u>
<input type="checkbox"/>	<input type="checkbox"/>	-Plumbing Disconnected and Ready for Tear Out/Install
<input type="checkbox"/>	<input type="checkbox"/>	-Electrical Disconnected and Ready for Tear Out/Install
<input type="checkbox"/>	<input type="checkbox"/>	-Flooring Complete and Ready for Install
<input type="checkbox"/>	<input type="checkbox"/>	-Ceiling Complete and Ready for Install
<input type="checkbox"/>	<input type="checkbox"/>	-Available Clear Path for Installers
<input type="checkbox"/>	<input type="checkbox"/>	-Nearby Furniture Covered from Debris
<input type="checkbox"/>	<input type="checkbox"/>	-All Items Removed from Cabinets
<input type="checkbox"/>	<input type="checkbox"/>	-All Breakables and Valuables Removed from the Work Area
<input type="checkbox"/>	<input type="checkbox"/>	-Preparation for Cabinet Lighting
<input type="checkbox"/>	<input type="checkbox"/>	-Installation of Cabinet Lighting

Other Special Instructions for Install: (Please provide details & specifications of who, what, when, and where in Special Instructions)
