

THE FOLLOWING INFORMATION IS REQUIRED TO FABRICATE YOUR PROJECT. THESE DETAILS MUST BE ADDRESSED PRIOR TO YOUR TEMPLATE APPOINTMENT. PLEASE RETURN THIS FORM TO CURRIN@CUSTOMTILECO.COM, ASHLEY@CUSTOMTILECO.COM, OR FAX TO 410-742-2587. PLEASE CONTACT US WITH ANY QUESTIONS AT 410-749-8098. PLEASE INCLUDE WITH THIS DOCUMENT ANY LAYOUT OR MEASUREMENTS YOU MAY HAVE. CUSTOM TILE IS NOT LICENSED TO DO ANY PLUMBING AND THEREFORE DOES NOT DISCONNECT OR RECONNECT ANY PLUMBING.

COMPANY NAME:				
JOB NAME:				
JOB SITE ADDRESS:				
STONE SELECTION:				
EDGE TREATMENT:	EASED	ROUNDOVER	1/4 BEVEL	OTHER:
SINK SELECTION:	KITCHEN:	50/50	60/40	LARGE SINGLE
		MED SINGLE	CUSTOMER SUPPLIED:	
	VANITY:	WHITE OVAL	BISQUE OVAL	
		CUSTOMER SUPPLIED:		
4" STONE BACKSPLASH:		YES	NO	
FAUCET ORIENTATION:		SINGLE HOLE	4" SPREAD	8" SPREAD
ADDITIONAL ACCESSORIES:				
STEEL OVERHANG SUPPORTS:		YES	NO	
REMOVAL OF EXISISTING:		YES	NO	
ADDITIONAL INFORMATION:				