Maxwell Counters, Inc.

Order Processing Form

Phone: (309) 928-2848 Fax: (309) 928-2833

Order Number: Office Use Only

Quote Number: **Q-**

Dealer Information

Dealer Name:	Date	Appr Meas Date
Salesperson:	P.O. Number:	Amount P.O. $

Customer Info. (Jobsite & Warranty Information)

Name: (First & Last)

Street Address: **(PO Box or RR # Are NOT Accepted)**

City: State: Zip: IL

Day Time Phone Number: (CELL #)

Mr.

Mrs.

*Jobsite Contact

☐ Homeowner ☐ Other (specify below)

Name CELL #

Type of Construction (Choose One)

Please Note, we need to be notified when cabinets are set.

☐ New Cabinets ☐ Top Replacement ☐ MC Removal House Age: Req'd Field

Countertop Material: ☐ **Solid Surface** ☐ **Quartz (3cm std.)** **BRAND:**

Countertop Color:

Edge Profile: *** Please note any additional accent details on print

Back Splash: ☐ **None** ☐ **Standard (set-on)** ☐ **Coved**

Bowl Option: **NOTE: BOWLS MUST BE ON JOBSITE AT THE MEASURE**

☐ ***Maxwell Counter Provided Bowl*** **Brand / Model # / Color:**

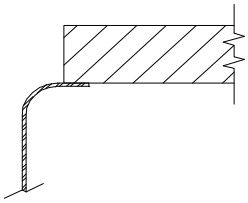
☐ ***Customer Provided Undermount** **Brand / Model # / Color:**

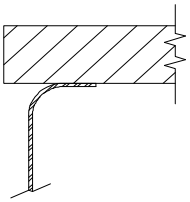
☐ ***Customer Provided Drop-in** **Brand / Model # / Color:**

Undermount Bowl Mounting Options for Non-Solid Surface Bowls *(All Solid Surface bowls mounted to Stone will be mounted using a Overhang Mount)*

Must Select (1) Mounting Option & Provide The Manufacture & Model # Before Measure Scheduling Can Occur

☐ **Reveal Mount** ☐ **Overhang Mount**





******Your Project Will Not Be Released For Measure Without Mounting Option Being Confirmed ******

****** For Bowl Specific Mounting Options Consult With The Bowl Manufacturer or Bowl Provider ******

Faucet: ***Make/Model#** _____

☐ **Confirmed At Jobsite**

Cooktop or Range: ☐ **Free Standing**

☐ **Confirmed At Jobsite**

☐ ***Slide-In** **Make & Model:**

☐ ***Cooktop** **Make & Model:**

Customer Initial:

Important Please Note:

*** = Must be on the jobsite @ Template**

☐ **Quote Request** ☐ **Order**