

Cabinet & Countertop Design Questionnaire

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

REFERRED BY: _____



Cabinets & Counters

DATE: _____ REP _____

CABINET LINES

Full Overlay

Half Overlay

Inset

Frameless

DOOR STYLE

Door Style Favorites 1. _____ 2. _____ 3. _____

STAIN/PAINT COLOR

Stain/Paint Favorites 1. _____ 2. _____ 3. _____

WOOD SPECIES

Wood Species Favorites 1. _____ 2. _____ 3. _____

ACCESSORIES AND INTERESTS

Crown Molding

Pullout Shelves

Drawer Organization

Silverware Tray

Mixer Cabinet

Spice Storage

Wine Storage

Pantry Storage

Trash/Recycle Bin

Cookie Sheet Dividers

Built-in Appliances

Box Material

Budget Constraints

Lazy Susan Corner

Other Corner Solutions

COUNTERTOPS

Brand Favorites 1. _____ 2. _____ 3. _____

Style Favorites _____

NOTES AND DESIGN REQUESTS

Budget Range: \$ _____ (Cabinets / Counters / Project) Project Start Date: _____

Visit our Showroom at

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