

Internal Use
Job # _____
COD _____

McGrory, Inc.
 576 Rosedale Road
 Kennett Square, PA 19348

(610)-444-1512
 Fax(610) 444-1513

GRANITE & ZODIAQ ORDER FORM

Contractor or Dealer _____

Owners Name _____

Contact _____

Development _____

Phone Number _____

Street Address _____

Tentative Template Date _____ Install Date _____

Town _____ State _____ Zip _____

Purchase Order No. _____

Work Number _____ Home Number _____

Warranty registration requires a complete job site address & owner mailing address if different

KITCHEN <input type="checkbox"/> ISLAND <input type="checkbox"/> VANITY <input type="checkbox"/> OTHER <input type="checkbox"/>			
MATERIAL _____ COLOR _____ THICKNESS 3 cm (1 1/4") _____	Edge Selection (Circle Choice) GZ1 - Eased GZ2 - 1/8" Bevel GZ3 - 1/4" Roundover GZ4 - 1/4" Bevel GZ5 - 1/2" Roundover GZ6 - Demi Bullnose GZ7 - Full Bullnose <u>UPGRADE</u> GZ8 - Ogee <p style="text-align: center;">Edge Selection</p>	BACKSPLASH: YES <input type="checkbox"/> NO <input type="checkbox"/> HEIGHT _____ SIDESPLASH RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> 3 mm WALLWORK YES <input type="checkbox"/> NO <input type="checkbox"/> COLOR _____	TEAROUT BY McGRORY, INC. <input type="checkbox"/> BY OTHERS <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OTHER SERVICE <input type="checkbox"/> REPAIR <input type="checkbox"/>
BOWL OPTIONS: UNDERMOUNT BOWL <input type="checkbox"/> MFG. _____ MODEL # _____ DROP-IN BOWL <input type="checkbox"/> MFG. _____ MODEL # _____		STOVE OPTIONS: SLIDE-IN: <input type="checkbox"/> FREESTANDING: <input type="checkbox"/> COOKTOP: <input type="checkbox"/> SLIDE-IN / COOKTOP CUTOUT SIZE _____ _____	ITEMS <u>MUST</u> BE ON SITE: FAUCETS: <input type="checkbox"/> COOKING APPLIANCES: <input type="checkbox"/> SINKS: <input type="checkbox"/> DISHWASHER: <input type="checkbox"/> OTHER ITEMS <input type="checkbox"/> (ie. Soap dispensers or instahot)

We need a minimum of 2 weeks to schedule

SPECIAL DETAILS

NOTE --- ALL CABINETS MUST BE SET 100%. THERE WILL BE RETEMPLATE CHARGE IF ALL ITEMS ARE NOT READY

Acceptance (Please confirm all above and return with deposit) _____ Date _____