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ACCENT

BUILDING PRODUCTS

design@accentbuildingproducts.com

Please provide us with the following information about you and your space.
 This information will assist us when designing your dream kitchen.

CONTACT INFORMATION:

Name: _____

Phone #: _____

Fax #: _____

Email: _____

Preferred Method of Communication: Email Phone (Best time to reach you _____)

CABINETS:

Style: _____

Desired Wall Cabinet Height: 30" 36" 42"

Desired Construction Upgrades:

Plywood Construction Wood Drawer Full-Extension Wood Drawer Glazed Finish

Desired Extras:

Glass Door Cabinets Base Lazy Suzan Desk Area Crown Molding
 Roll-Out Trays Wall Lazy Suzan Island Corner Shelf
 Microwave Cabinet Appliance Hutch Wine Rack Plate Rack

ROOM DETAILS:

Ceiling Height: _____

Soffit: Yes No If yes, height: _____ depth: _____

Desired Cabinet Hanging Height: 84" 90" 96"

APPLIANCES:

Please list the dimensions of your appliances.

You should always confirm the measurements with the manufacturers' specifications.

Dishwasher: _____

Free-standing Range: _____

Refrigerator: _____

Cook Top: _____

Microwave Oven: _____

Sink: _____

NOTES:

Is there anything else we should know about your space that would impact the design layout?