



# Laminate Countertop Quote Request

(Please Print)

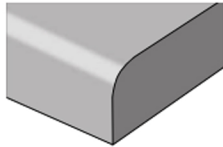
Company: \_\_\_\_\_

Property: \_\_\_\_\_

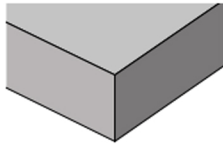
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

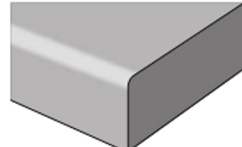
### Please Check Selection



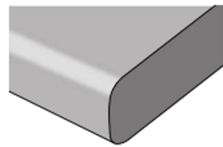
Rolled Edge  
(Post Form)



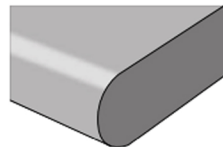
Square Edge  
(Self Edge)



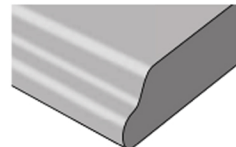
Regent Edge



"D" Edge



180° Wrap



Premier Edge



Other: \_\_\_\_\_

Color Selection Name: \_\_\_\_\_ No. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_