



COUNTER PRO, INC®
 210 Lincoln Street
 Manchester, NH 03103
 Phone: 800-899-2444
 Fax: 603-647-6771

JOB CONFIRMATION

TO: _____ **FROM:** _____

FAX: _____ **DATES:** _____

PHONE: _____ **PAGES:** _____

RE: _____ **CC:** _____

- Urgent For Review Please Comment Please Reply Please Recycle

This form is to confirm the order referenced below. Your job will be fabricated based on the following information and the corresponding layout unless otherwise indicated. Please review and CALL IMMEDIATELY if any of the information or information or layout dimensions are incorrect. Complete items that are checked (✓) and fax back as soon as possible.

JOB NAME: _____ **SCHEDULED FOR:** _____

✓ **ADDRESS:** _____ **TIME:** _____

✓ **DIRECTIONS:** _____

✓ **WHO WILL BE MEETING COUNTER PRO AT THE JOB SITE:**

- | | |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Name: |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Phone: |
| <input type="checkbox"/> K & B Rep | |

MATERIAL: _____ **COLOR:** _____

✓ **EDGE PROFILE:** _____ **BACKSPLASH:** _____
SINK MODEL & COLOR: _____

SINK PROVIDED BY OTHERS: Undermount Drop In

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| ✓ Is sink on site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ✓ Counter Pro Undermounting Sink? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ✓ Counter Pro Drilling Faucet Holes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ✓ Is faucet on site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ✓ Will _____ be on site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

____ Initial here if you permit Counter Pro, Inc® to process a change order with the contractor or homeowner in your absence.

Your signature indicates acceptance of the above conditions and corresponding layout for fabrication.

Approved By: _____ Date: _____