

Gemini's Kitchens and Cabinet
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ONLINE QUOTE FORM

Personal information Date Name Address **Email** Phone Let's get started... Describe the vision! What are you wanting to achieve? What is your budget range? Do you have a specific timeline you'd like this completed by?



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Specific the colours you'd li	ike to use and wher	e you would like	e to use them?
Select your preferencew of	finish <i>Matte</i>	Gloss	Texture
Do you require handles, if YES what kind?	Yes, Push to open	Yes, Finger Pull	Neither
Benchtops			
Specific if you require bench	n tops, if YES what f	finish would you	ı like? No
Yes, Laminate finish Laminate (specify colou	ır)		
Yes, Stone finish Stone (specify thickness	s) 20mm ^z	10mm	
Appliances			
Are appliances required? If yes, please select from lis	Yes No st below.		
Range HoodCook TopOvenSink	MicrowaveTapsDishwasherOther - please	e specific	





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Sketch Please attach images of the desired area that will be requiring work.					
Provide a rough sketch with measurements of the desired project. Feel free to insert images/sketches or utilise drawing apps/tools.					





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Additional Information

To ensure the quote is as accurate as possible the more information the better!
Is there any other information you feel we need to be aware of before providing you a quote?

Thank you for completing the online order form! We will get intouch shortly to provide your quote.

