

Flooring Selection Sheet

DATE: _____ COMPLETED BY: _____
REQUESTED BY: _____

BUILDER/CUSTOMER: _____ DATE: _____

ADDRESS: _____

ADDITION/CROSS STREETS: _____

EMAIL: _____ PHONE #: _____

AREA: _____

VENDOR: _____ SIZE: _____

SERIES: _____ COLOR: _____

GROUT/PAD:

TRIM: _____

INSTALL TYPE: _____

QTY: _____ PRICE: _____

AREA: _____

VENDOR: _____ SIZE: _____

SERIES: COLOR:

GROUT/PAD: _____

TRIM: _____

INSTALL TYPE:

QTY: _____ PRICE: _____

AREA: _____

VENDOR: _____ SIZE: _____

SERIES: COLOR:

GROUT/PAD: _____

TRIM: _____

INSTALL TYPE: _____

QTY: _____ PRICE: _____

AREA: _____

VENDOR: SIZE:

SERIES: COLOR:

GROUT/PAD: _____

TRIM:

INSTALL TYPE: _____

QTY: _____ PRICE: _____

NOTES:

ORDER #: _____

EST. DELIVERY: _____