

DATE:		Contact:	<b>Mr MARBLE™ ORDER</b>	
STORE:		TEL:	FAX:905-760-2395	
LOCATION:		FAX:	Pick Up	<input type="checkbox"/>
PO#:		TAG Name:	FOB Ship.	<input type="checkbox"/>
			FOB Dest.	<input type="checkbox"/>
Sink offset -LEFT <sup>1</sup> to drain center		LENGTH	Sink offset -RIGHT <sup>2</sup> to drain center	
<b>ORDER SPECIFICATIONS - REQUIRED to process Custom/Slab Top - correctly</b>				answer below
a. TOP REQUIRED? : CUSTOM TOP [w/integral 4" back splash] OR SLAB TOP [loose back splash if required]				
b. SIZE? : Length x Depth [any special shape etc.. information-please indicate on diagram or re-draw below]				size:
c. SINK/BOWL name? : STANDARD SINK				name/model:
d. SINK/BOWL name? : UPGRADE/DESIGNER SINK				name/model:
e. SINK/BOWL name? : UNDERMOUNT/DROP-IN				name/model:
f. Location of opening? : UNDERMOUNT/DROP-IN [distance from Front of top to beginning of opening]				dimension:
g. Faucet Holes? : [each hole is approx 1-1/4" diameter]      single hole      4"      8"				faucet hole:
h. Overflow? : [most sinks include CHROME COVER]      DO NOT INSTALL OVERFLOW COVER				cover:    YES <input type="checkbox"/> NO <input type="checkbox"/>
j. Top/Slab Wall Location by #      1      2      3      4      5      6      7      8      9				wall location#:
k. DO YOU NEED AN END SPLASH? :      NO      LEFT      RIGHT				end splash:
m. Is the END SPLASH or WALL a special size? : indicate here				end splash: special
n. SLAB TOP: Loose Back Splash      NO <input type="checkbox"/> YES <input type="checkbox"/>				size:
p. SLAB EDGE CHOICE? : OG/DLE-3/4, #1 DROP LIP 1-1/2", #2 BULLNOSE 1-1/2" #3 SINGLE BEVEL 1-1/2" #4 PROFILE 2"				
RE-DRAW DIAGRAM/SHAPE				
Custome approval & Note:				