




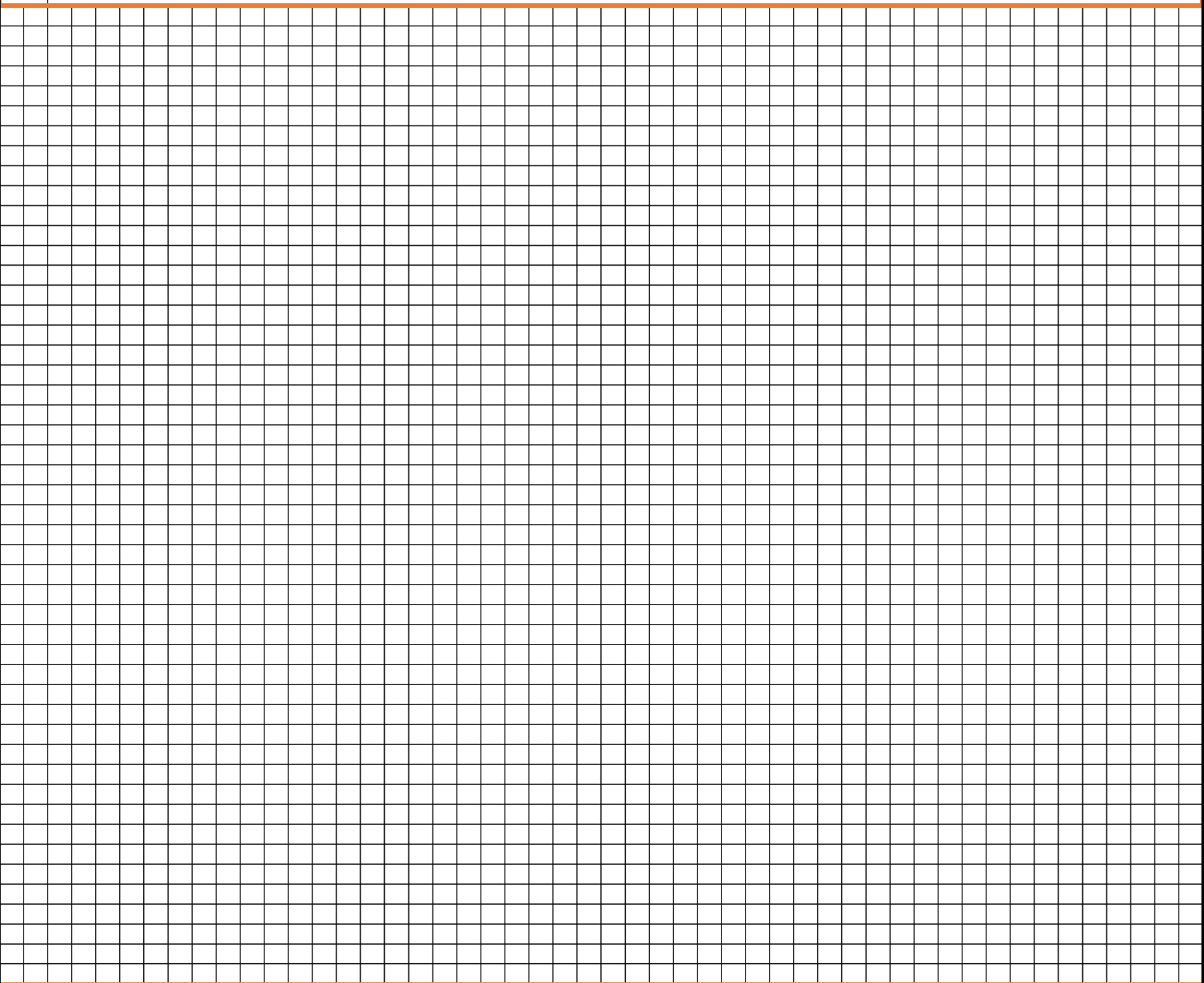




Date _____	Company _____
Order # _____	Client Details _____
Approx Fit Date _____	Mobile/Phone _____
PH 1300787009	Email _____
info@allinstone.com.au	Site Address _____

Brand / Colour _____			
Thickness	<input type="checkbox"/> 20mm <input type="checkbox"/> 30mm <input type="checkbox"/> 40mm Laminated	Tops into Window	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sink Type	<input type="checkbox"/> Drop In <input type="checkbox"/> Under Mount	Templates by All in Stone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sink Model	Please mark Drawings as follows		
Hotplate		Polished Edges	—(((—
Basin Type	<input type="checkbox"/> Drop In <input type="checkbox"/> Under Mount	Drop Ends	—XXX—
Basin Model			

Profile	<input type="checkbox"/> Arrised	<input type="checkbox"/> Pencil Round	<input type="checkbox"/> Mitred Apron	<input type="checkbox"/> Mitred Edge	<input type="checkbox"/> Custom Profile
					



I Accept full responsibility for the accuracy of all measurements and other details provided

Signed _____