

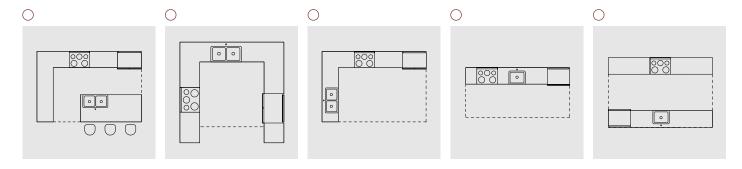
Design Brief

Clie	nt Infor	mation						
<u> </u>	○Mrs	○Ms	First Name:		L	ast Name:		
			Email Address:		N	lobile:		
○ Mr	○Mrs	○Ms	First Name:		Li	ast Name:		
			Email Address:		N	lobile:		
Home	Address	:						
Site A	ddress:							
How	did you fii	nd out abou	ıt us? OWebsite	O Word of mouth	○ Google	○ Builder/In	nstaller Other:	
Would	d you like	to receive	updates from us on	trends, specials and	l events? Y	/ N		
Proje	ect Info	ormation						
Estim	ated Deli	very Date:						
O AS	AP:	<u></u> 6-	-8 Weeks:	○3 Months:	06	Months:	Other:	
Prope	rty type:	Own h	ome ORental pro	perty Other:				
Follov	ving exist	ting footpri	nt? Y/N	Cha	nging walls?	Y/N		
Are yo	ou changi	ing flooring	? Y/N	Are	plans approv	ed for build/e	xtension approved?	Y/N
Do yo	u require	a list of rec	ommended made ir	nstallers? Y/N				
Room	s require	d () Kitch	ien ⊝Pantry ⊝l	_aundry	om () War	drobes 0	ther:	

Wishlist

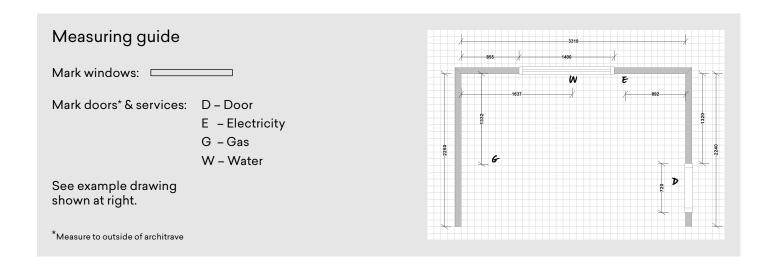
Desired look:	Door style:			
Benchtops style:	Have you sourced any appliances? Y/N			
Budget range:	\$5,000—\$7,000			
	\$7,000—\$10,000			
	\$10,000—\$15,000			
	\$15,000+			

Layout Tick the closest one

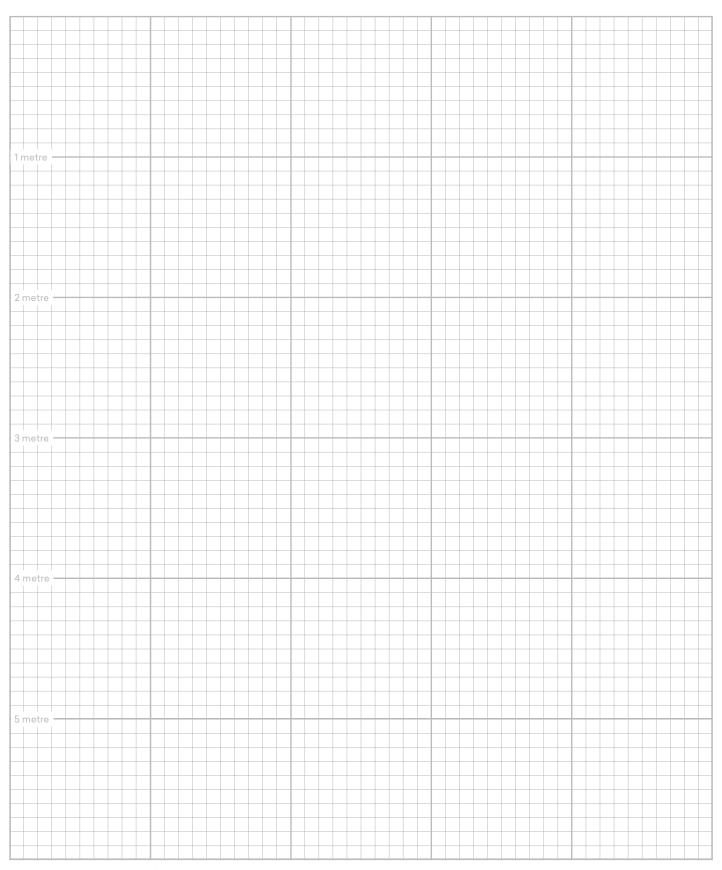


Measurements

Floor to ceiling height (mm):	Floor to windowsill height (mm):			
Window to wall height (mm):	Doorway to wall length (mm):			
Floor to water waste height (mm):	Floor to current water source height (mm):			
Cabinetry height (mm):	Double stack: Y/N			
Floor to ceiling cabinets (mm): Y/N	Trims/skirts: Y / N			



Measure and plan your space:



Note: One square represents 100 mm.

Finishes

Doors Profile/Style: Finish: Colour: Profile/Style: Finish: Colour: Handle type: Supplied by MADE: Y/N Benchtop Type: Substrate required: Y/N Thickness: Shadow line required: Y/N Type: Substrate required: Y/N Thickness: Shadow line required: Y/N Splashback Kicker Bulkhead Type: Type: Type: **Appliances** Cooktop model #: Cooktop size (cm): Cooktop type: Cooktop notes: Rangehood size (cm): Rangehood type: Rangehood model #: Rangehood notes: Oven model #: Oven size (cm): Oven type: Oven notes: Dishwasher size (cm): Dishwasher model #: Dishwasher type:

Refrigerator type:

Dishwasher notes:

Refrigerator notes:

Refrigerator size (cm):

Refrigerator model #:

Plumbing

Sinks Sink 1 type: O Top mount O Bottom mount O Farmhouse Sink size (cm): Sink model #: Sink notes: Sink 2 type: \bigcirc Top mount \bigcirc Bottom mount \bigcirc Farmhouse Sink size (cm): Sink model #: Sink notes: Taps Tap 1 type: Tap model #: Tap notes: Tap 2 type: Tap model #: Tap notes: **Notes** Customer to complete Is the information in this form correct? Y/N Are you happy to proceed to a Design Consultation*? Y/N Appointment details Time: Day: Date: Location: OIn person (Windsor showroom) ○ Virtual