



Preparing for your Showroom Visit!

Customer Name(s): _____

Print out, complete as best you can and bring this and any inspiration pictures, magazine clippings, etc. you may have to your showroom consultation.

General Project Information:

Do You have a Contractor/Remodeler? Yes No

How soon are you planning to start your project? _____

What is your budget? \$ _____

Which room(s) are you looking to remodel? _____

Has anyone prepared a room design for you? Yes No

Tell us about your Kitchen:

What do you like about your present kitchen? _____

What do you dislike about your present kitchen? _____

How many family members are in your household?

_____ Adults _____ Teens _____ Children _____ Pets

What is your décor/color preferences? _____

What is your wood preference? _____

Will you be replacing the cabinetry in your kitchen? Yes No

Are you willing to change the location of doors and/or windows if necessary? Yes No

If yes, please explain: _____

What new appliances are you considering and what appliances will be re-used? _____

What small appliances will you need space for? Coffeemaker Toaster Food Processor

Blender Mixer Other _____

Do you have any ideas, or have you collected any pictures or sketches that you would like to incorporate into your kitchen design? Yes No If yes, please bring them with you to your consultation.

Do you enjoy: Cooking Gourmet Cuisine Baking Canning Other: _____

Do you entertain frequently? Yes No

Features you would like to see in your new kitchen: What secondary activities do you want to take place in your kitchen?

- | | | |
|--|---|---|
| <input type="checkbox"/> Appliance Garage | <input type="checkbox"/> Sliding Trays | <input type="checkbox"/> Lazy Susan |
| <input type="checkbox"/> Spice Storage | <input type="checkbox"/> Bookcase | <input type="checkbox"/> Tilt-Out Sink Tray |
| <input type="checkbox"/> Bread Box | <input type="checkbox"/> Trash Receptacle | <input type="checkbox"/> Mullion Doors |
| <input type="checkbox"/> Tray Divider | <input type="checkbox"/> Cutlery Tray | <input type="checkbox"/> Open Shelving |
| <input type="checkbox"/> Utility Cabinet | <input type="checkbox"/> Cutting Board | <input type="checkbox"/> Pantry |
| <input type="checkbox"/> Decorative Moldings | <input type="checkbox"/> Recycling Center | <input type="checkbox"/> Wine Storage |
| <input type="checkbox"/> Desk Area | <input type="checkbox"/> File Drawer(s) | <input type="checkbox"/> Other _____ |

Do you prepare at least one meal every day: Yes No

Is there a separate dining room? Yes No

How many members are normally served at once? _____

Do you own or plan to purchase a table for the kitchen: Yes No

If yes, what size _____ Shape: Square Rectangular Round Oval

Are you the primary cook? Yes No

Is the primary cook right handed? Yes No

How tall are you? _____

How tall is the other cook? (if applicable) _____

Is there anyone in the household with special needs?

Physically Challenged Other, please explain: _____

In what areas should the special requirements be incorporated? _____

How often do you grocery shop? Every other week Weekly Twice a week Daily

Other, please specify _____

Do you purchase any products in bulk? (quantity) _____

Where do you presently store your packaged foods and canned goods? _____

Where do you presently store tall cleaning and ironing equipment? _____

Do you recycle? Yes No

Location of bins: House Garage

What recycle bins are needed? Glass Plastic Newspaper Magazines