

# Customer Spec Sheet #1 - Please Complete For Each Room

**Cabinets by Graber**  
**15210 Grabill Rd.**  
**Grabill, IN 46741**  
**www.cabinetsbygraber.com**  
**Phone (800) 478-9488 (260) 627-2243**  
**Fax (260) 627-3162**

PR # \_\_\_\_\_ Job# \_\_\_\_\_  
 Customer Name: \_\_\_\_\_

<b>Room Name</b>	Ceiling Height
_____	_____
_____	_____
_____	_____



This form must be completed, signed and returned to Cabinets by Graber with contract.

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

**Phone Numbers**

Home \_\_\_\_\_

Work \_\_\_\_\_

Fax \_\_\_\_\_

Delivery Address Same As Current

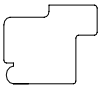



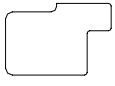
Delivery Address \_\_\_\_\_

City, St, Zip \_\_\_\_\_

Cell # 1 \_\_\_\_\_

Cell # 2 \_\_\_\_\_

Email \_\_\_\_\_

<p><b>Wood:</b> _____</p> <p><b>Finish:</b> _____</p> <p><b>Door Style:</b> _____</p> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rub Thru</li> <li><input type="checkbox"/> Distressed</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><b>Drawer:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Slab</li> <li><input type="checkbox"/> Drawer Like Door</li> </ul> <p><b>Overlay:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1/2" Overlay</li> <li><input type="checkbox"/> Full Overlay</li> <li><input type="checkbox"/> Inset</li> <li><input type="checkbox"/> Beaded Inset</li> </ul>	<p><b>Crown Molding</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 5 1/4 Traditional</li> <li><input type="checkbox"/> 3 1/4 Traditional</li> <li><input type="checkbox"/> 2 1/4 Traditional</li> <li><input type="checkbox"/> 3 1/4 Cove Molding</li> <li><input type="checkbox"/> 2 1/4 Crown Base</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Light Molding</b></p> <p>Classic</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full OL</li> <li><input type="checkbox"/> Inset</li> </ul>   <p><input type="checkbox"/> Traditional</p>  <p><input type="checkbox"/> Beaded</p>  <p><input type="checkbox"/> Shaker</p> 	<p><b>Hardware</b></p> <p>Door: _____</p> <p>Drawer: _____</p> <p>_____</p> <p><b>Appliances:</b></p> <p><b>Microwave:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Space Saver</li> <li><input type="checkbox"/> Counter / Freestanding</li> <li><input type="checkbox"/> Built In</li> <li><input type="checkbox"/> Above Oven</li> </ul> <p><b>Range:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Free Standing</li> <li><input type="checkbox"/> Slide In</li> <li><input type="checkbox"/> Cooktop</li> <li><input type="checkbox"/> Rangetop</li> </ul> <p><b>Ovens:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Single</li> <li><input type="checkbox"/> Double</li> <li><input type="checkbox"/> Oven / Micro</li> </ul> <p><b>Washer &amp; Dryer:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Standard</li> <li><input type="checkbox"/> Undercounter</li> </ul> <p><b>Refrigerator:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Built In</li> <li><input type="checkbox"/> Free Standing</li> <li><input type="checkbox"/> Undercounter</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dishwasher</li> <li><input type="checkbox"/> Compactor</li> <li><input type="checkbox"/> Warming Drawer</li> <li><input type="checkbox"/> Icemaker</li> <li><input type="checkbox"/> Wine Coolers</li> </ul> <p><b>Accessories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appliance Garage</li> <li><input type="checkbox"/> Bead Board</li> <li><input type="checkbox"/> Bean Drawer</li> <li><input type="checkbox"/> Bombay</li> <li><input type="checkbox"/> Bunn Feet</li> <li><input type="checkbox"/> Bread Box Drawer</li> <li><input type="checkbox"/> Butcher Block</li> </ul>	<p><b>Accessories</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cabinet Lighting</li> <li><input type="checkbox"/> Can Rack</li> <li><input type="checkbox"/> Chefs Pantry</li> <li><input type="checkbox"/> Clothes Rod</li> <li><input type="checkbox"/> Corbels:</li> </ul> <p>Mfg: _____</p> <p>Model # _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cutlery Divider:</li> <li><input type="checkbox"/> Cutting Board</li> <li><input type="checkbox"/> Door/Drawer Locks</li> <li><input type="checkbox"/> File Drawer:</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lateral</li> <li><input type="checkbox"/> Regular</li> </ul> <li><input type="checkbox"/> Fluted Fillers</li> <li><input type="checkbox"/> Furniture Toe Model:</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D</li> <li><input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G</li> </ul> <li><input type="checkbox"/> Glass Door Type:</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Mullions</li> <li><input type="checkbox"/> Glass Door Frame</li> </ul> <li><input type="checkbox"/> Glass Type</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Clear</li> <li><input type="checkbox"/> Other _____</li> </ul> <li><input type="checkbox"/> Glass Rack</li> <li><input type="checkbox"/> Glass Shelves</li> <li><input type="checkbox"/> Hamper Polymer Pullouts</li> <li><input type="checkbox"/> Hood</li> </ul> <p>Type: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hood Vent</li> <li><input type="checkbox"/> Ironing Board</li> <li><input type="checkbox"/> Keyboard Pullout:</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wood</li> <li><input type="checkbox"/> Accuride</li> </ul> <li><input type="checkbox"/> Knife Block</li> <li><input type="checkbox"/> Lazy Charlie</li> <li><input type="checkbox"/> Mixer Shelf</li> <li><input type="checkbox"/> Pigeon Holes</li> <li><input type="checkbox"/> Onlays:</li> </ul> <p>Mfg: _____</p> <p>Model #: _____</p>	<p><b>Accessories Continued</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pilasters</li> <li><input type="checkbox"/> Plate Rack</li> <li><input type="checkbox"/> Pocket Doors</li> <li><input type="checkbox"/> Polymer Lazy Susan</li> <li><input type="checkbox"/> Posts:</li> </ul> <p>Mfg: _____</p> <p>Model # _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roll Out Shelves</li> <li><input type="checkbox"/> Rosettes</li> <li><input type="checkbox"/> Silverware Divider:</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Type _____</li> </ul> <li><input type="checkbox"/> Spice Rack:</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Spice Drawer Insert</li> <li><input type="checkbox"/> Spice Pull Out</li> <li><input type="checkbox"/> Spice Door Rack</li> </ul> <li><input type="checkbox"/> Super Lazy Susan</li> <li><input type="checkbox"/> Tilt Sink Front</li> <li><input type="checkbox"/> Towel Bar Pull</li> <li><input type="checkbox"/> Tray Dividers</li> <li><input type="checkbox"/> TV Swivel</li> <li><input type="checkbox"/> Under Sink Organizer</li> <li><input type="checkbox"/> Utensil Drawer:</li> </ul> <p>Type: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Valance# _____</li> <ul style="list-style-type: none"> <li><input type="checkbox"/> Raised Panel</li> <li><input type="checkbox"/> Other _____</li> </ul> <li><input type="checkbox"/> Wastebasket-double</li> <li><input type="checkbox"/> Wastebasket-single</li> </ul>	
<p><b>Ends</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Flush Veneer Ends</li> <li><input type="checkbox"/> Paneled Ends</li> </ul>		<p><b>Notes:</b> Please Specify Height of Vanities (Standard is 31 1/2")</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature: _____</p> <p>Date: _____</p>		<p><b>Sink Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drop-in</li> <li><input type="checkbox"/> Undermount</li> <li><input type="checkbox"/> Farm Sink (Apron Front)</li> </ul> <p>Model: _____</p>	<p><b>Counter Tops</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wood _____</li> <li><input type="checkbox"/> Graberstone _____</li> <li><input type="checkbox"/> Silestone _____</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> By Customer</li> </ul>

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# Spec Sheet #3 – Please Complete For Each Room

## Appliance Specification Form

Room Name: \_\_\_\_\_

This form must be completed, signed and returned to Cabinets by Graber with contract.

Job #: \_\_\_\_\_ Name: \_\_\_\_\_

Appliance Store: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

Please complete the following information. If there are any changes, please notify us immediately. Your signature implies all the information is correct and makes you solely responsible for the accuracy of selections made below.

**Note:** This information is used to produce shop drawings of cabinets and matching wood appliance fronts, if ordered.

### Refrigerator:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

- No Wood Panel
- Wood Panel Ordered
- Framed Panel
- Overlay Panel

#### Door Handle:

- Standard Refrigerator Handle
- Customer Supplied Handle

Notes: \_\_\_\_\_

### Warming Drawer:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

- No Wood Panel
- Wood Panel Ordered

Notes: \_\_\_\_\_

### Range:

Mfg.: \_\_\_\_\_ Model #: \_\_\_\_\_

### Cook Top:

Mfg.: \_\_\_\_\_ Model #: \_\_\_\_\_

### Oven:

Mfg.: \_\_\_\_\_ Model #: \_\_\_\_\_

### Microwave:

Mfg.: \_\_\_\_\_ Model #: \_\_\_\_\_

### Wine Coolers:

Mfg.: \_\_\_\_\_ Model #: \_\_\_\_\_

### Dishwasher:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

- No Wood Panel
- Wood Panel Ordered

Notes: \_\_\_\_\_

### Trash Compactor:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

- No Wood Panel
- Wood Panel Ordered

Notes: \_\_\_\_\_

### Hood Blower:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Icemaker  Under Counter Refrigerator

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

### Washer:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

### Dryer:

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Other: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_