ESTIMATE SHEET

SUPERIOR STONEWORKS, INC.

www.superiorstoneworks.net

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Roc #211772

Licensed-Bonded-Insured
Commercial-Residential

FAX SKETCH TO: 480-457-8622

Legend

⊗	=	Finished Edge
x	=	Flat Polish (Slide in range or refrigerator opening)
Um	=	Undermount sink
Tm	=	Topmount sink
D/W	=	Dishwasher

Superior Stoneworks

Date:
Sales Rep:
Location:

Customer Info.

Name _____
Address _____
City _____ Zip _____

Contact # _____
_____

Fax # _____

E-mail _____

Project Info.

Area:
Kitchen (Color) 2-cm 3-cm
Material Granite ☐ _____
Quartz ☐ _____
Edge Detail _____
Sink model #
Undermount ☐ _____
Topmount ☐ _____
Tear-out _____
Notes:

Area:
Bathrooms (Color) 2-cm 3-cm
Material Granite ☐ _____
Quartz ☐ _____
Edge Detail _____
Sink model #
Undermount ☐ _____
Topmount ☐ _____
Tear-out _____
Notes:

Prices are subject to change upon final measurements. We are not responsible for any plumbing, electrical, cabinets or flooring in conjunction with this project. We are not responsible for seam placement, color and or vein matching with pre-fabricated granite. Tearout or (Demo) is not included, unless stated otherwise in this estimate.

Customer's Signature _____