



OPTIMA
SALES GROUP

Solutions | Sales | Strategies

DESIGN START SHEET

Company Name: _____

Phone: _____

Main Contact: _____

Fax: _____

Email: _____

Desired Due Date: _____

Date: _____

- Version 9.0
 Version 10
 Version 11
 Include Company Logo
 Use the following 20-20 version for my design *Please attach .jpeg logo

Project Information

Project Name: _____

Ceiling Height: _____ Finished Crown Height: _____

Remodel

New Construction

- Price Quote (Pricing Only)
 Layout (Layout Only)
 Kit File (20-20 .Kit File Only)
 Plan Check Red Line (We Check Your Work)
 Complete Design (Floor Plan, Perspectives, Elevations, Pricing Quote & .KIT File)

Product Information

Manufacturer: _____ Door Style: _____

Wood Species / Material: _____ Finish: _____

Vanity Height: 30" 32.5" 34.5" _____

Finished End Description: _____

Filler Type: _____

**If requesting multiple Wood Species/Material, Door Style &/or Finish; please specify below under Special Notes.*

Cabinet Box Construction: _____

Crown Molding: _____ (If applicable)

Drawer Box Construction: _____

Under Cabinet Molding: _____ (If applicable)

Drawer Guide Construction: _____

Toe Kick Molding: _____ (If applicable)

Sinks

Size	Style	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Notes

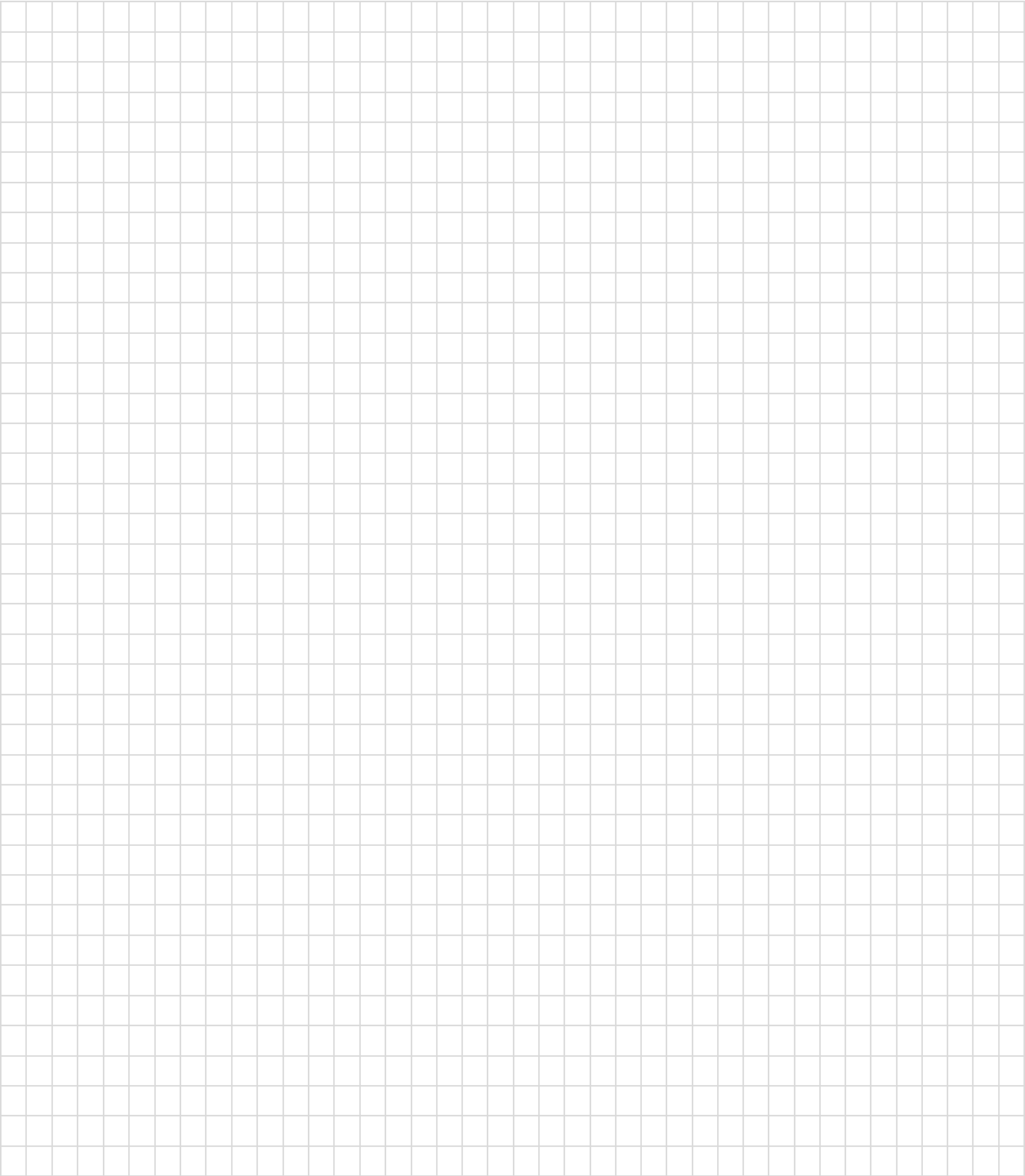
(Please specify specific Design Instructions, I.e., Contrasting Product, Special Details, Glass Doors, Accessory Placement, Etc.)

Lifestyle Details

(Please specify intended use of space, I.e., Entertaining Only, Multi-use Space, Active Family, Empty Nesters, Etc.)

Field Measure / Drawing

(Please provide and/or attach specific Measurements)



Note: Grid is not to scale and for Design purposes only