

Appliance Specifications

Name: _____

<p><u>Refrigerator</u></p> <p>Style: <input type="checkbox"/> Side by Side <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer</p> <p>Manufacturer: _____</p> <p>Model #: _____</p>	<p><u>Dishwasher</u></p> <p>Style: <input type="checkbox"/> Built-In <input type="checkbox"/> Portable</p> <p>Manufacturer: _____</p> <p>Model#: _____</p>
<p><u>Range</u></p> <p>Style: <input type="checkbox"/> Slide-In <input type="checkbox"/> Free Standing <input type="checkbox"/> Drop-In</p> <p>Manufacturer: _____</p> <p>Model #: _____</p>	<p><u>Range Hoods</u></p> <p>Style: <input type="checkbox"/> Under Cabinet <input type="checkbox"/> Chimney <input type="checkbox"/> Island</p> <p>Manufacturer: _____</p> <p>Model#: _____</p>
<p><u>Wall Oven</u></p> <p>Style: <input type="checkbox"/> Single <input type="checkbox"/> Double</p> <p>Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric</p> <p>Manufacturer: _____</p> <p>Model #: _____</p>	<p><u>Wine Refrigerators</u></p> <p>Manufacturer: _____</p> <p>Model#: _____</p>
<p><u>Cook Top</u></p> <p>Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric</p> <p>Manufacturer: _____</p> <p>Model #: _____</p>	<p><u>Sink</u></p> <p>Manufacturer: _____</p> <p>Model#: _____</p>
<p><u>Microwave</u></p> <p>Style: <input type="checkbox"/> Over Range <input type="checkbox"/> Built-In</p> <p><input type="checkbox"/> Under Cabinet <input type="checkbox"/> Counter-Top</p> <p>Manufacturer: _____</p> <p>Model #: _____</p>	<p><u>Other (specify)</u> _____</p> <p>Manufacturer: _____</p> <p>Model#: _____</p> <p><u>Other (specify)</u> _____</p> <p>Manufacturer: _____</p> <p>Model#: _____</p>

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