



BARRY'S, THE HOME IMPROVERS

KITCHEN DESIGN & SUPPLY FORM

Staff Member _____ Date _____

Design Consultant _____ Best contact numbers during business hours: _____

Customer Name _____ Ph. _____

Site Address _____ Mob. _____

Email _____

Is Property Existing New and Owner Occupier Investment

Is this kitchen Full rebuild Partial renovation Age of current kitchen ____ y/old

For Outdoor 'Alfresco'

When are you planning to renovate/install _____

Preferred Door Style Coloured Melamine 2mm PVC Hard Edge Painted Texture
 Vinyl Wrap 2-Pac Gloss or Satin Solid Timber or Vene X-L8 Exterior

Preferred Benchtop Laminate X-L8 Exterior Laminate Stone – Engineered / Natural

Other – Please specify _____

How much have you budgeted to spend \$ _____ Does this include appliances Yes No

Have you already received other Design(s)/Quote(s) Yes No

Appliances required Sink/Mixer Oven Cooktop Rangehood Dishwasher BBQ

Other (please specify) _____

Do you require an estimate on Installation Yes No

Best day(s)/time for an appointment Mon Tues Wed Thurs Frid _____ am / _____ pm

Do you have any special requirements we need to know about? _____

Property access restrictions eg. Security gate, Dog(s) etc. _____

Office use Only

Followed through by _____ Date _____

Action required _____

Appointment Date (*Designer's use only*) _____

Questions before planning

Choosing your kitchen is a very important decision. It's the nerve centre of your home and as such, will require maximum preparation to make the final result work for you.

Q1. How many people live in the household?

Adults Children

Any special visitor requirement?

Q2. Are you right- or left-handed?

Right Left

Which direction do you like to wash dishes?

Left to right? Right to left?

Do you entertain?

Frequently Not frequently

Formally Informally

Q3 Which seating plan do you desire?

	Yes	No
Separate kitchen table	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast bar - elevated	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast bar - extended	<input type="checkbox"/>	<input type="checkbox"/>
Island bench	<input type="checkbox"/>	<input type="checkbox"/>
Combination end table	<input type="checkbox"/>	<input type="checkbox"/>

Q4 Where do you presently store canned goods? _____

Do you have any special storage requirements? _____

Q5 Floor coverings:

Stay the same New - vinyl

New - cork **New**

– ceramic

New - carpet Other

Q6 House construction:

Brick veneer Timber frame

Solid brick Other

Q7 Ventilation

Exhaust fans Ducted

Q8 Which appliances are to be used?

	New	Existing	Size
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Freezer	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>
Rangehood/Canopy	<input type="checkbox"/>	<input type="checkbox"/>
Sinks/Taps/Mixer	<input type="checkbox"/>	<input type="checkbox"/>
Coffee Machine	<input type="checkbox"/>	<input type="checkbox"/>
Water Filter	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>

	Gas	Elec	Size
Wall oven	<input type="checkbox"/>	<input type="checkbox"/>
Cook top	<input type="checkbox"/>	<input type="checkbox"/>
Underbench oven	<input type="checkbox"/>	<input type="checkbox"/>
Upright Stove	<input type="checkbox"/>	<input type="checkbox"/>

Gas type: Natural / Town / Bottle

Q9 What is your shopping cycle for food?

Daily Weekly Bi-wkly/Mthly

Q10 What other activities will take place in the kitchen area?

Dinette area Laundry

Hobbies Desk

Play area Snack area

Q11 Types of windows

Casement Sliding

Awning Other _____

Q12 Will there be structural changes to any of the following?

Walls Windows Doors

Q13 Do you need storage for tall items such as brooms, mops, vacuum cleaner etc?

Yes No