



*Name: _____ *Cell: _____ *Fax: _____

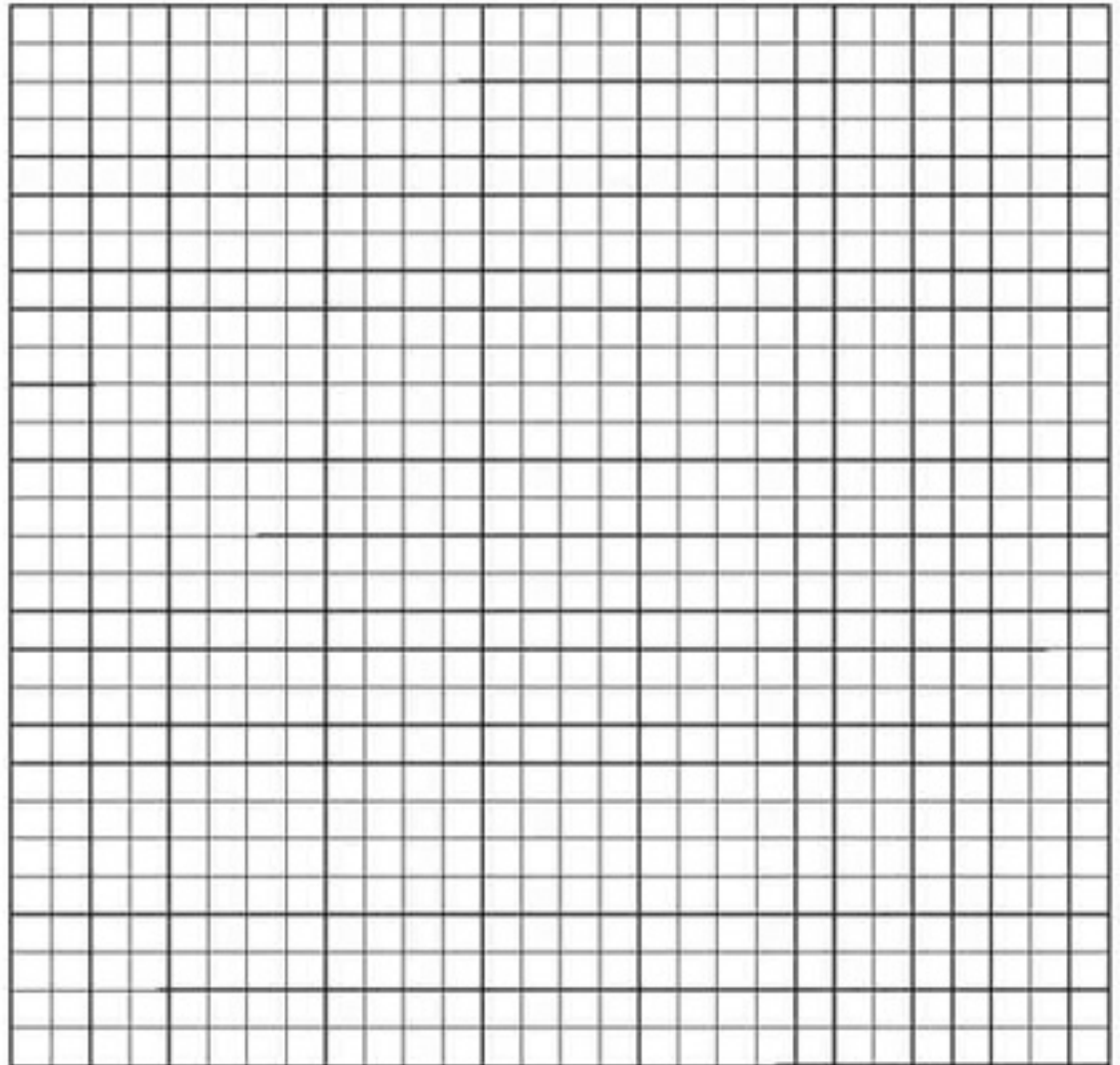
*Email: _____

*Address: _____ City: _____ State: _____ Zip: _____

Please draw a TOP-DOWN or Plan View of your closet below. Please include wall lengths and ceiling height. Specify door swing (in/out-left/right hinged). Please refer to shapes on the other page of the website for ideas.

1 closet per page

Color: _____
 Ceiling Height: _____
 Base Board Height: _____
 Handles: _____
 Knobs: _____
 Slab Fronts: _____
 Raised Panel: _____



Grand total linear inches: Shirt: _____ Pants: _____ Double Hang: _____ Long Hang: _____
 # Drawers: 4" High _____ 6" High _____ 8" High _____ 10" High _____
 # of Baskets: 8" High: _____ 12" High: _____ # Shoes pair (Hers) : _____ # Shoes pair (His): _____
 # Accessories: Belt : _____ Tie: _____ Valet: _____ Hooks: _____
 Special Instructions: _____

Within 2 business days we will send you a professional design and price / quote for your new closet. Please be sure to include accurate contact information, We may need to discuss measurements or other details of your design with you

Fax form to (305) 246-3406

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