

JOB ID: _____

Date:

01. CLIENT DETAILS

Given Name(s): _____
 Surname: _____
 Phone: () _____ Fax: () _____
 Mobile: _____
 Email: _____
 Site Address: _____
 Suburb: _____
 State: _____ Postcode: _____

Send Fax to: (03) 9587 0833
 or send to:
 37 Boundary Rd,
 Mordialloc VIC
 Australia 3195

03. PRELIMINARY SKETCHES & SIZES

What product are you looking for?

	*All measurements in mm	M ²
01.	x	
02.	x	
03.	x	
04.	x	
05.	x	
06.	x	
07.	x	
08.	x	
09.	x	
10.	x	
11.	x	
12.	x	
13.	x	
14.	x	
15.	x	
16.	x	
17.	x	
18.	x	
TOTAL	(A)	

M² = height (metres) x width (metres)

04. COLOUR

Stock Colour Custom Colour



05. EXTRAS

Cut-Outs \$ _____
 Notches \$ _____
 GPO's \$ _____
 Holes \$ _____
 Fire Backing \$ _____
 Templates \$ _____
TOTAL (B) \$ _____

06. PRICING

Formula: (A) x (C) + (B)

(C) ● \$ _____

(C) ●● \$ _____

(C) ●●● \$ _____

07. AUTHORISATION & DEPOSIT

I hereby authorise The Splashback Co. to proceed with the work specified above.
 30% Deposit. Balance due upon installation. Accepted Payment Methods: Cash, Cheque, Visa, Mastercard, EFT
 Cheques to be made out to The Splashback Company Pty Ltd. EFT Payments: BSB: 013233 ACC: 490082941

\$

Print Name: _____ Signature: _____ Date: _____