



OFFICE 256-234-3044
 FAX 256-234-3043
 TOLL FREE 877-566-3488

CUSTOMER INTERIOR SELECTIONS

Date: _____
 Customer Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____

Check all that apply (provide samples if available):

Interior Paint:

ROOM(S): _____
 _____ Wall Color: _____ Manufacturer: _____
 _____ Wall Color Trim: _____ Manufacturer: _____
 _____ Door Color: _____ Manufacturer: _____

ROOM(S): _____
 _____ Wall Color: _____ Manufacturer: _____
 _____ Wall Color Trim: _____ Manufacturer: _____
 _____ Door Color: _____ Manufacturer: _____

ROOM(S): _____
 _____ Wall Color: _____ Manufacturer: _____
 _____ Wall Color Trim: _____ Manufacturer: _____
 _____ Door Color: _____ Manufacturer: _____

Other Interior Paint:

_____ Handrail Color/ Stain: _____ Manufacturer: _____
 _____ Mantel/Fireplace: _____ Manufacturer: _____

Cabinets:

ROOM(S): _____
 _____ Style/Make: _____ Manufacturer: _____
 _____ Panel Color/Stain: _____ Manufacturer: _____
 _____ Hardware: _____ Manufacturer: _____

ROOM(S): _____

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_____ Style/Make: _____ Manufacturer: _____
 _____ Panel Color/Stain: _____ Manufacturer: _____
 _____ Hardware: _____ Manufacturer: _____

ROOM(S): _____
 _____ Style/Make: _____ Manufacturer: _____
 _____ Panel Color/Stain: _____ Manufacturer: _____
 _____ Hardware: _____ Manufacturer: _____

Counter Tops:

ROOM(S): _____
 _____ Laminate: _____ Manufacturer: _____
 _____ Banding: _____ Manufacturer: _____

ROOM(S): _____
 _____ Laminate: _____ Manufacturer: _____
 _____ Banding: _____ Manufacturer: _____

Flooring:

Ceramic Tile:

ROOM(S): _____
 _____ Backsplash Color: _____ Manufacturer: _____
 _____ Grout Color: _____ Manufacturer: _____
 _____ Installation Pattern: _____

ROOM(S): _____
 _____ Backsplash Color: _____ Manufacturer: _____
 _____ Grout Color: _____ Manufacturer: _____
 _____ Installation Pattern: _____

Vinyl:

ROOM(S): _____
 _____ Color & Style #: _____ Manufacturer: _____

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Carpet:

ROOM(S): _____
 _____ Color: _____ Manufacturer: _____
 _____ Style: _____ Grade of Pad: _____

ROOM(S): _____
 _____ Color: _____ Manufacturer: _____
 _____ Style: _____ Grade of Pad: _____

ROOM(S): _____
 _____ Color: _____ Manufacturer: _____
 _____ Style: _____ Grade of Pad: _____

Hardwood:

ROOM(S): _____
 _____ Style & Stain: _____ Manufacturer: _____

ROOM(S): _____
 _____ Style & Stain: _____ Manufacturer: _____

ROOM(S): _____
 _____ Style & Stain: _____ Manufacturer: _____

Light Fixtures:

ROOM(S): _____
 _____ Model#/Style: _____ Manufacturer _____

ROOM(S): _____
 _____ Model#/Style: _____ Manufacturer _____

ROOM(S): _____
 _____ Model#/Style: _____ Manufacturer _____

ACKNOWLEDGEMENT: Your signature below indicates that you are fully aware of the above referenced materials selections and will not hold DE General Contractors responsible should you disagree with any of these selections once they are installed.

Property Owner

Property Owner

Witness

Witness

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