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**Preliminary Questionnaire**

Our clients have told us that having everyone on the same page from the start made the remodeling experience much easier and even fun. To accomplish this, please take a few minutes to answer the following questions and bring this information to our meeting.

1. Which room(s) do you wish to have remodeled?

- |   |                                      |                                       |                                      |
|---|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Kitchen                            | <input type="checkbox"/> Master Bath | <input type="checkbox"/> Main Bath    | <input type="checkbox"/> Powder Room |
| <input type="checkbox"/> Entertainment Center (Living Room) | <input type="checkbox"/> Home Office | <input type="checkbox"/> Laundry Room |                                      |
| <input type="checkbox"/> Bar Area                           | <input type="checkbox"/> Closet      | <input type="checkbox"/> Garage       | <input type="checkbox"/> Bedroom     |
| <input type="checkbox"/> Other _____                        |                                      |                                       |                                      |

2. Do you own your home?     Yes     No

3. What year was your home built? \_\_\_\_\_

4. How long do you intend to stay in this house? \_\_\_\_\_

5 Has this room been remodeled before?     Yes     No

6. If so, when? \_\_\_\_\_

7. Who will be doing the installation?     DKD     Homeowner     Other

8. What is the reason(s) for the renovation?

\_\_\_\_\_

\_\_\_\_\_

9. Please give a brief description of what you consider to be the perfect final product.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_