

 <p>5585 MacArthur Road Whitehall, PA 18052 (610) 262-7235 www.directkitchen.com</p>	Name:
	Address:
	Address:
	Phone:
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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.
