

“Completing Your Dream is our specialty”

PLEASE PRINT. This printed selection sheet has been developed to assist you in organizing your choices. The inventory will further help sort the pieces you will need for each room. You may already have an inventory specific to your floorplan, if your builder is one we work with. Keep in mind, in any case, the inventory is the starting point, it will be customized to be what you want it to be. When you are ready, this form will aid you in filling out the form online so you can e-mail your choices to your design consultant. If you already have one, write their name here _____, otherwise we will assign a design consultant to work with you.

NOTE: If a selection is not required in your inventory, write “None” or in the case of fabric or finish selections “as shown”.

Living room

- 1** Upholstery: _____
Fabric Manufacturer (If Necessary): _____
Fabric Selection (If Necessary): _____
Occasional Tables: _____
Entertainment: _____
Finish Selection (If Necessary): _____
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Family room (If Necessary)

- 2** Upholstery: _____
Fabric Manufacturer (If Necessary): _____
Fabric Selection (If Necessary): _____
Occasional Tables: _____
Entertainment: _____
Finish Selection (If Necessary): _____
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Kitchen

- 3** Table/Chairs: _____
Barstools: _____
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Dining Room

- 4** Table/Chairs: _____
Fabric Selection (If Necessary): _____

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5 Master Bedroom #1

Bedroom: _____

(Check one) King: _____ Queen: _____

Master Bedroom #2 (If Necessary)

Bedroom: _____

(Check one) King: _____ Queen: _____

Master Bedroom #3 (If Necessary)

Bedroom: _____

(Check one) King: _____ Queen: _____

6 Alternate Bedroom #2

Bedroom: _____

(Check one) Queen: _____ Full: _____ Twin: _____

Alternate Bedroom #3

Bedroom: _____

(Check one) Queen: _____ Full: _____ Twin: _____

Alternate Bedroom #4 (If Necessary)

Bedroom: _____

(Check one) Queen: _____ Full: _____ Twin: _____

Alternate Bedroom #5 (If Necessary)

Bedroom: _____

(Check one) Queen: _____ Full: _____ Twin: _____

Alternate Bedroom #6 (If Necessary)

Bedroom: _____

(Check one) Queen: _____ Full: _____ Twin: _____

Alternate Bedroom #7 (If Necessary)

Bedroom: _____

(Check one) Queen: _____ Full: _____ Twin: _____

