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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Job Location: | | Builder: | | Contact Info: | | Customer: | | Contact Info: | | Supplier: | | Contact Info: |   **Certified New Home Specialist™** **Lighting Fixtures Selection Form** | | | | |
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| **Selections** | | | |
| **Location** | **Fixture** | **Quantity** | **Cost** |
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| Total Costs for above including delivery and sales tax: | | | |
| Installation by: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Authorization | | | |
| Selection Date: | Order Date: | Delivery Date: | |
| Received By: | | | Date: |
| Customer Authorization: | | | Date: |
| Notes: | | | |
|  | | | |

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