

CERTIFIED NEW HOME SPECIALIST™  
APPLIANCE SELECTION FORM

Job Location:
Builder:
Contact Info:
Customer:
Contact Info:
Supplier:
Contact Info:

SELECTIONS		
APPLIANCE	COLOR	COST

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:		