

3. What is the height of your ceiling?: _____

4. What is the width of your door opening from outside of door moulding to outside of opposite door moulding?: _____

(C) Cellar Rack Preferences

1. Which walls in your space would you like racking on?

- Wall A
- Wall B
- Wall C
- Wall D

2. Please indicate an approximate height you would like to see your racking for each wall:

- Wall A: _____
- Wall B: _____
- Wall C: _____
- Wall D: _____

3. Would you like your racks:

- Stained/Lacquered
- Unfinished

If you chose 'Stained/Lacquered', please indicate which of our water-based colors you'd be interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Clear Only | <input type="checkbox"/> Mocha | <input type="checkbox"/> Cinnamon Stick |
| <input type="checkbox"/> Honey | <input type="checkbox"/> Chili Powder | <input type="checkbox"/> Cider |
| <input type="checkbox"/> Butterscotch | <input type="checkbox"/> Crème Brulee | <input type="checkbox"/> Summer Wheat |
| <input type="checkbox"/> Autumn | <input type="checkbox"/> Paprika | <input type="checkbox"/> Lodge |
| <input type="checkbox"/> Pumpkin Spice | <input type="checkbox"/> Leather | <input type="checkbox"/> Golden Sun |
| <input type="checkbox"/> Midnight | <input type="checkbox"/> Burnt Sienna | <input type="checkbox"/> Burnt Sugar |
| <input type="checkbox"/> Amaretto | <input type="checkbox"/> Dark Chocolate | <input type="checkbox"/> Cocoa Powder |

4. From the following, please choose the racking type(s) you would like to see in your wine cellar:

- | | |
|--|--|
| <input type="checkbox"/> Premium Wine Racks | <input type="checkbox"/> Big Bottle Wine Racks |
| <input type="checkbox"/> Instant Cellar Wine Racks | <input type="checkbox"/> Wine Cube Racks |
| <input type="checkbox"/> Modular Wine Racks | <input type="checkbox"/> Stemware Holders |
| <input type="checkbox"/> Shelving for Case Storage | <input type="checkbox"/> Arches |
| <input type="checkbox"/> Double Deep Wine Racks | <input type="checkbox"/> Tasting Tables/Surfaces |

(D) Special Instructions or Requirements

(E) Contact Information

First Name: _____

Last Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Preferred Contact Method:

Phone

Email

Best Time to Reach You:

Morning

Afternoon

Evening

State of Residence: _____

Thank you for allowing us to assist in completing your wine storage design! Someone will be contacting you with the next 48 business hours to begin the design process for your new wine cellar!