

LIGHTS ON FIRST - *Your first choice in lighting*

www.lightsonfirst.com

Lighting Order Form

Date: _____

Customer's Name: _____

Closing Date: _____

Customer's Current Address: _____

Customer's New Address: _____

Customer's Current Phone: _____

New Phone: _____

Customer's Work Phone: _____

Builder's Name: _____

P.O. ()

P.O. ()

P.O. ()

P.O. ()

P.O. ()

P.O. ()

If there is a change, return or reselection on an item please put it on a change/credit form and cross out the cancelled or changed item. Also if there is a fan purchase then it needs to be placed in the OTHER section if you cannot fit all the pieces.

Outside	Qty.	Fixture # / Description	Qty	Bulbs	Price	Total Cost	Order	Store	Took
Front Door									
Front Garage									
Service Door									
Patio									
Other									
Other									

Foyer

Vaulted / No Vault

Ceiling									
Other									
Other									

TOTAL THIS PAGE _____

Vaulted / No Vault

Hallway	Qty.	Fixture # / Description	Qty	Bulbs	Price	Total Cost	Order	Store	Took
Ceiling									
Other									
Other									

Stairway Vaulted / No Vault

Ceiling									
Other									

Living room Vaulted / No Vault

Ceiling									
Other									
Other									
Other									
Other									

Kitchen Vaulted / No Vault

Ceiling									
Sink									
Under Cabinets									
Under Cabinets									
Under Cabinets									
Under Cabinets									
Island / Snack Bar									
Other									

TOTAL THIS PAGE _____

Vaulted / No Vault

Dining	Qty.	Fixture # / Description	Qty	Bulbs	Price	Total Cost	Order	Store	Took
Ceiling									
Other									
Other									
Other									
Other									
Other									

Formal Dining

Vaulted / No Vault

Ceiling									
Other									
Other									
Other									
Other									
Other									

Laundry

Vaulted / No Vault

Ceiling									
Other									

Main Bath

Vaulted / No Vault

Vanity									
Ceiling									
Other									

TOTAL THIS PAGE

Vaulted / No Vault

Master Bedroom	Qty.	Fixture # / Description	Qty	Bulbs	Price	Total Cost	Order	Store	Took
Ceiling									
Walk-in-closet									
Other									
Other									
Other									
Other									
Other									
Other									

Master Bath

Vaulted / No Vault

Vanity									
Ceiling									
Other									

Bedroom #2

Vaulted / No Vault

Ceiling									
Walk-in-closet									
Other									
Other									
Other									
Other									
Other									
Other									

TOTAL THIS PAGE

Vaulted / No Vault

Bedroom #3	Qty.	Fixture # / Description	Qty	Bulbs	Price	Total Cost	Order	Store	Took
Ceiling									
Walk-in-closet									
Other									
Other									
Other									
Other									
Other									
Other									

Bedroom #4

Vaulted / No Vault

Ceiling									
Walk-in-closet									
Other									
Other									
Other									
Other									
Other									
Other									

1/2 Bath

Vaulted / No Vault

Vanity									
Ceiling									
Other									

TOTAL THIS PAGE _____

Vaulted / No Vault

Other	Qty.	Fixture # / Description	Qty	Bulbs	Price	Total Cost	Order	Store	Took

Other Vaulted / No Vault

Other Vaulted / No Vault

Other Vaulted / No Vault

TOTAL THIS PAGE _____

This completed form is the intellectual property of LIGHTS ON FIRST.

BULB TOTALS

TOTAL PAGE 1 \$ _____

TOTAL PAGE 2 \$ _____

TOTAL PAGE 3 \$ _____

TOTAL PAGE 4 \$ _____

TOTAL PAGE 5 \$ _____

TOTAL PAGE 6 \$ _____

TOTAL FOR ALL \$ _____

ANYDAY CREDIT \$ _____

BULB (APPROX) \$ _____

TAX (7%) \$ _____

DELIVERY \$ _____

TOTAL QUOTE \$ _____