

DESIGN INTAKE FORM

(TIME ESTIMATED TO COMPLETE: 1-2 HOURS)

*** DESIGN INTAKE FORM MUST BE FULLY COMPLETED IN ORDER FOR IT TO BE ENTERED INTO OUR SCHEDULE. PLEASE TAKE THE TIME TO READ AND COMPLETE ALL FIELDS BEFORE SENDING. ***

DEALER INFORMATION

Company Name _____ Representative Name _____

Phone _____ Email _____

Date _____

PROJECT INFORMATION

DESIGN TYPE REQUESTED (PICK ONE):

☐ Furniture Layout Only ☐ Furniture & Custom Logos ☐ Furniture, Custom Logos, & Décor Signage* ☐ Décor Signage Only* ☐ Other Service Requested: _____

*SIGNAGE, GRAPHIC, & DECOR SELECTIONS MUST INCLUDE ACCURATE CEILING AND WINDOW MEASUREMENTS. ADDITIONAL QUESTIONS ON PAGE 2 MUST BE FILLED OUT IF SIGNAGE, GRAPHIC, & DECOR IS SELECTED.

Project/Facility Name _____ Contact Name _____

Address _____ Contact Phone _____

City _____ Contact Email _____

State _____ Zip _____ Country _____

Website _____ Mascot (if applicable) _____

Motto or Sayings _____

Is Logo Provided? ☐ Yes ☐ No File type provided (vector .eps or svg is preferred): ☐ pdf ☐ jpg ☐ png ☐ eps ☐ svg ☐ gif ☐ ai

Project Budget Range \$ _____

Measurements Provided ☐ Yes ☐ No Measurements Provided By _____

Measurement Type Provided ☐ AutoCad ☐ PDF ☐ Hand Sketch ☐ Other _____

Current Space Participation Rate (dining commons) _____ Breakfast Program _____ % Lunch Program _____ %

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FURNITURE INFORMATION

Seating Type ☐ Attached ☐ Unattached ☐ Mixed Seating Capacity _____

Specific seating style requests (i.e., booths, waves, rectangles, high tops, etc.) _____

Specific seating layout request (i.e., booth by windows, rounds middle of layout, etc.) _____

Would you like upholstery to be used? ☐ Yes ☐ No

ADA Seating Required? ☐ Yes ☐ No Quantity _____

Would you like eating counters around columns? ☐ Yes ☐ No

Column Type: ☐ Rectangle ☐ Square ☐ Circle Column Dimensions: _____ Height _____ Width _____ Length _____

Power or Charging Stations requested? ☐ Yes ☐ No Power/Charging Stations Table Locations _____

Brand/School Colors: (Please circle or click your color if filling out the digital version)

White Black Brown Grey Beige Navy Blue Red Burgundy Light Green

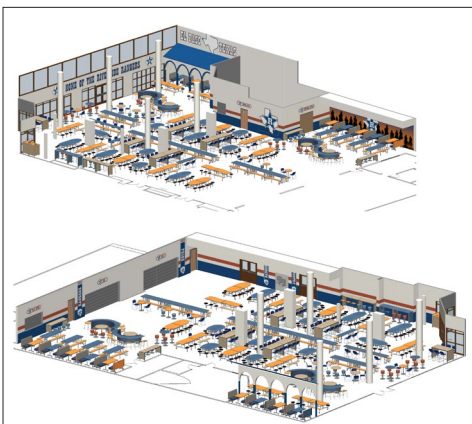
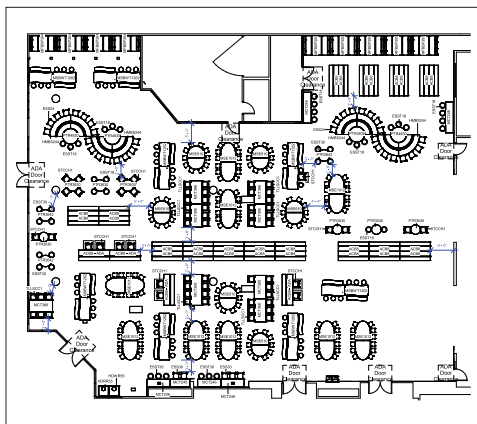
Yellow Blue Hunter Green Orange Purple Green Light Blue Gold Aqua Teal

If your brand/school colors are not shown above please indicate the specific color from the choices below:

Main Color: Pantone (PMS): _____ CMYK: C _____ M _____ Y _____ K _____ RGB: R _____ G _____ B _____

Secondary Color: Pantone (PMS): _____ CMYK: C _____ M _____ Y _____ K _____ RGB: R _____ G _____ B _____

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PLEASE CONFIRM THAT ALL EXISTING SIGNAGE WILL BE REMOVED AND WALLS PREPPED PRIOR TO PAINTING, GRAPHICS, SIGNAGE, AND DECOR INSTALLATION

☐

YES

SIGNAGE, GRAPHICS, AND DÉCOR INFORMATION

WALLS

Please indicate any and all items staying on walls (chalk/wipe erase board, posters, murals, tvs, speakers, etc.) _____

Do you want AmTab to design a paint theme? ☐ Yes ☐ No

Do you want AmTab to paint the walls? ☐ Yes ☐ No, I have my own painter.

Do the doors and window trim need to be painted? ☐ Yes ☐ No

Please indicate wall surface for all walls (Painted cinder block, Painted drywall, Concrete, etc.) _____

Do you want decor on columns? ☐ Yes ☐ No

Column Type: ☐ Rectangle ☐ Square ☐ Circle

Column Dimensions: Height _____ Width _____ Length _____ Column material _____

WINDOWS

Do you want window graphics? ☐ Yes ☐ No Window Height _____ Window Width _____ Mullion Width _____ Trim Width _____

*** For any additional window sizes please utilize additional notes page. See example page.

CEILING

Do you want ceiling or hanging decor? ☐ Yes ☐ No Ceilings Type? (Open Truss, Suspended Ceiling, Drywall, etc.) _____

Ceiling height from floor _____ Soffit height from floor (if applicable) _____

*** For any additional soffit or ceiling heights please utilize additional notes page ***

FLOOR

Do you want floor graphics? ☐ Yes ☐ No Floor Surface (Waxed Vinyl, Ceramic Tile, Sealed Wood, etc.) _____

SIGNAGE, GRAPHICS, AND DÉCOR SITE SURVEY AND INSTALL INFORMATION

If site survey is needed to verify fielded measurements and confirm the condition of the installation space, an AmTab project manager will contact you.

Who will be the facility contact for the site survey? Name _____ Phone _____

Will lift equipment or ladder be available for site survey? ☐ Yes ☐ No Max height of equipment _____

If walls will be painted prior to installation, painting must be completed 30 days or longer prior to install, depending on the cure time listed by the manufacture of the paint used.

** Old signage or graphics that are not part of the install scope quoted should be removed prior to install. Wall surfaces should be clean and free of debris **

Who will be the contact at the facility during the install? Name _____ Phone _____

Facility hours of operation _____ Available Weekends? ☐ Yes ☐ No

Will lift equipment or ladder be available for installation? ☐ Yes ☐ No If yes, what type/max height _____

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ADDITIONAL NOTES

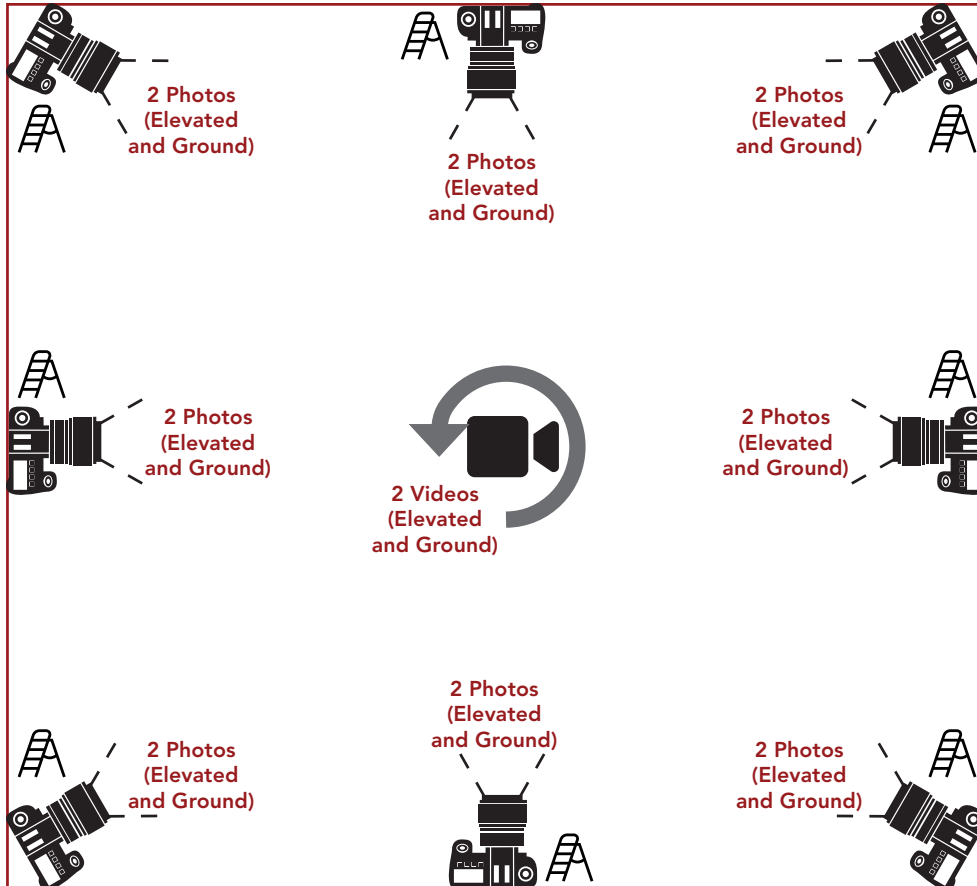
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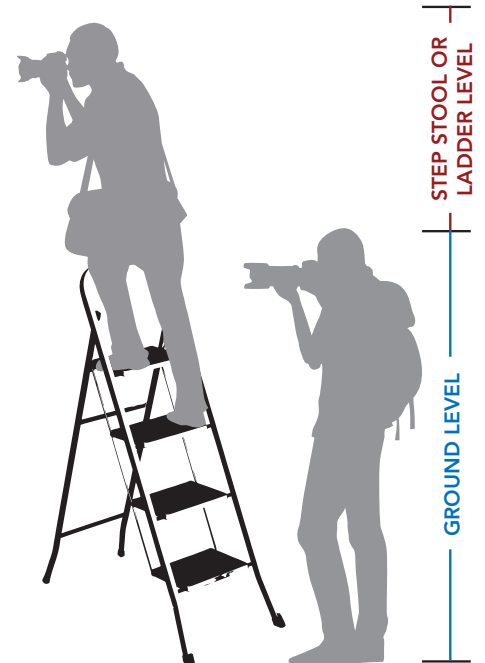
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GUIDE FOR HIGH RESOLUTION PHOTOS AND VIDEO

*** Please take photos of every wall and a video that shows the entire space ***



**MAKE SURE TO TAKE 2 PHOTOS:
1 AT GROUND LEVEL AND 1 AT
ELEVATED LEVEL USING A CHAIR,
LADDER, OR STEP STOOL.**



HIGH RESOLUTION PHOTO EXAMPLES TAKEN AT VARIOUS HEIGHTS AND POSITIONS



DIMENSION AND ELEVATION EXAMPLE

