



\* Please fill in this form, attach photograph(s) and send it to [interiors@bedecor.co.uk](mailto:interiors@bedecor.co.uk)

1. Tell me your name:

2. Service area postcode:

3. Works needs to start:

4. What type of property does this design project involve?

5. What Interior Design Services are needed?

- |  |   |
|--|---|
| <input type="checkbox"/> Design and specify interior design scheme | <input type="checkbox"/> Space planning                           |
| <input type="checkbox"/> Furnishing and fabrics                    | <input type="checkbox"/> Lighting design                          |
| <input type="checkbox"/> Window treatments                         | <input type="checkbox"/> Floor treatments                         |
| <input type="checkbox"/> Aid in finding new products and materials | <input type="checkbox"/> Other (Please specify in text box below) |

6. In what spaces will design assistance be needed? (Tick all that apply)

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Living room | <input type="checkbox"/> Dining room                              | <input type="checkbox"/> Office space   |
| <input type="checkbox"/> Kitchen     | <input type="checkbox"/> Master bedroom                           | <input type="checkbox"/> Second bedroom |
| <input type="checkbox"/> Bathroom    | <input type="checkbox"/> Hallway                                  | <input type="checkbox"/> Entrance       |
| <input type="checkbox"/> Entire home | <input type="checkbox"/> Other (Please specify in text box below) |   |

7. Does your house / room get a lot of natural daylight?  Yes  No

8. Indicate the size of the area to be designed:



9. Describe the style you are looking for?

- |   |   |
|---|---|
| <input type="checkbox"/> Traditional    | <input type="checkbox"/> Functional                               |
| <input type="checkbox"/> Contemporary   | <input type="checkbox"/> Industrial                               |
| <input type="checkbox"/> Minimalist     | <input type="checkbox"/> Ethnic                                   |
| <input type="checkbox"/> Country        | <input type="checkbox"/> Would like recommendation                |
| <input type="checkbox"/> French country | <input type="checkbox"/> Other (Please specify in text box below) |

10. Please provide any other information: