

Material Requirements For renovation

Customer	<div>{{customer}}</div>	
Address	<div>{{address}}</div>	
Phone	<div>{{phone}}</div>	
E-Mail	<div>{{email}}</div>	
Scheduled Date For Implementation	<div>{{scheduleDate}}</div>	
Rooms	<div><div><div><input type="checkbox"/> Bath</div><div><input type="checkbox"/> Kitchen</div><div><input type="checkbox"/> WC</div><div><input type="checkbox"/> Living Room</div></div><div><div><input type="checkbox"/> Entry</div><div><input type="checkbox"/> Basement, Cellar</div><div><input type="checkbox"/> Garage</div><div><input type="checkbox"/> Other / Note</div></div></div>	
Construction Chemistry	<div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div>	
	<div><input type="checkbox"/> Primer For Which Substrate</div>	<div>{{primerComment}}</div>
	<div><input type="checkbox"/> Sealing For Bathrooms With Bands/Corners/Sleeves</div>	<div>{{sealingComment}}</div>
	<div><input type="checkbox"/> Tile Adhesive For Walls + Floor</div>	<div>{{tilesAdhesive}}</div>
		TilesAdhesive
	<div><input type="checkbox"/> Cementitious Grout</div>	<div>{{cementitiousGrout}}</div>
	<div><input type="checkbox"/> Grout Epoxy Resin</div>	<div>{{GroutEpoxyResin}}</div>
	<div><input type="checkbox"/> Silicone</div>	<div>{{silicone}}</div>
	<div><input type="checkbox"/> Primer For Which Substrate</div>	
	<div><input type="checkbox"/> Other / Note</div>	<div>{{otherNoteChemical}}</div>

Tile Selection	<div><input type="checkbox"/> Room 1 - X (Bathroom/Kitchen/Toilet/Living Room/Entrance/Cellar/Garage/Other)</div>	
<div><input type="checkbox"/> Walls</div>	<div>{{wallComment}}</div>	
<div><input type="checkbox"/> Alternate 01</div>	<div>{{wallAlternateComment}}</div>	
<div><input type="checkbox"/> Alternate 02</div>	<div>{{wallAlternate2Comment}}</div>	
<div><input type="checkbox"/> Alternate 03</div>	<div>{{wallAlternate3Comment}}</div>	
<div><input type="checkbox"/> Highlights</div>	<div>{{highlightComment}}</div>	
<div><input type="checkbox"/> Alternate 01</div>	<div>{{highlightAlternateComment}}</div>	
<div><input type="checkbox"/> Alternate 02</div>	<div>{{highlightAlternate2Comment}}</div>	
<div><input type="checkbox"/> Floor</div>	<div>{{floorComment}}</div>	
<div><input type="checkbox"/> Alternate 01</div>	<div>{{floorAlternateComment}}</div>	
<div><input type="checkbox"/> Alternate 02</div>	<div>{{floorAlternate2Comment}}</div>	
<div><input type="checkbox"/> Room 2 - X (Bathroom/Kitchen/Toilet/Living Room/Entrance/Basement/Garage/Other)</div>		
<div><input type="checkbox"/> Walls</div>	<div>{{wallComment1}}</div>	
<div><input type="checkbox"/> Alternate 01</div>	<div>{{room2WallAlternateComment}}</div>	
<div><input type="checkbox"/> Alternate 02</div>	<div>{{wallAlternate2Comment}}</div>	
<div><input type="checkbox"/> Alternate 03</div>	<div>{{wallAlternate3Comment}}</div>	
<div><input type="checkbox"/> Highlights</div>	<div>{{room2HighlightComment}}</div>	
<div><input type="checkbox"/> Alternate 01</div>	<div>{{room2HighlightAlternateComment}}</div>	
<div><input type="checkbox"/> Alternate 02</div>	<div>{{room2HighlightAlternate2Comment}}</div>	
<div><input type="checkbox"/> Floor</div>	<div>{{floorComment1}}</div>	
<div><input type="checkbox"/> Alternate 01</div>	<div>{{room2FloorAlternateComment}}</div>	
<div><input type="checkbox"/> Alternate 02</div>	<div>{{room2FloorAlternate2Comment}}</div>	
Accesories	<div><div><div><input type="checkbox"/> YES</div><div><input type="checkbox"/> NO</div></div></div>	
	<div><input type="checkbox"/> Material For Preparing The Ground</div>	<div>{{materialForPrepGround}}</div>
	<div><input type="checkbox"/> Material For Pre-Wall / Partitions</div>	<div>{{materialForPreWall}}</div>
	<div><input type="checkbox"/> End And Edge Rails</div>	<div>{{edgeRails}}</div>
	<div><input type="checkbox"/> Shelves For Tiling</div>	<div>{{shelvesTiling}}</div>
	<div><input type="checkbox"/> Cleaners Or Care Products</div>	<div>{{cleanersProducts}}</div>
	<div><input type="checkbox"/> Other / Note</div>	<div>{{otherNoteAccessories}}</div>
	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
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	<div></div>	
Place And Date	<div>{{placeAnDate}}</div>	Advisor <div>{{advisor}}</div>