

Customer Code: _____ Date / /

Job Name / PO: _____

Company: _____

City: _____

Contact Name: _____ Phone: _____

Ship to Address: _____

City, State, Zip: _____

Write the word "Quote" in the space for a quote only.

This is page _____ of _____ pages being faxed

Door Name or Number: _____

Material: Face _____ Back _____
 Special Selections

Size: Door Size Only

Drawer Fronts:

Solid Routed

Drawer Grain:

Horizontal Vertical

Outside Back Edge Detail: No Lip

Fingerpulls:

SPFP2 SPFP4

Special Instructions:

	Sq. Ft. Price	Option Charge

	S	Qty.	Width	Height	Special	Bore			
						Left	Center	Right	None
1	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	S					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drawer Fronts

	DF	Qty.	Width	Height	Notes
1	DF				
2	DF				
3	DF				
4	DF				
5	DF				
6	DF				
7	DF				
8	DF				
9	DF				
10	DF				
11	DF				

Your primary form of payment will be applied unless otherwise requested.

Requested Ship Date / /

Our Truck Small Parcel Freight Will Call _____

Office Use Only

CSR: _____