

Customer Code: _____ Date / /

Job Name / PO: _____

Company: _____

City: _____

Contact Name: _____ Phone: _____

Ship to Address: _____

City, State, Zip: _____

Material: Face _____ Back _____

Size: Door size only **Outside Back Edge Detail:** No Lip

Shelf Unit

Cabinet Return (854)

Wall Backer (855)

Quantity _____

Left Shelf (938)

Right Shelf (939)

Quantity _____

Quarter Circle 3/4" *Height & Width must be same dimension

Right (3254)

Left (3253)

# 3254 or 3253	Quantity	Width	Height

Miscellaneous Items

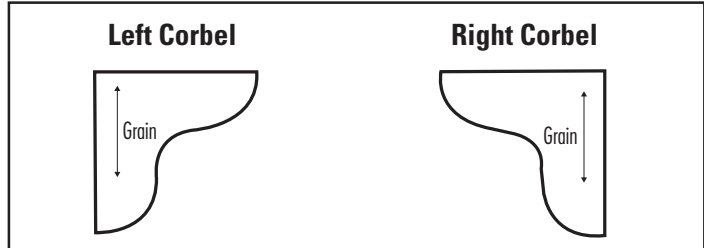
Description	Part #	Quantity

Requested Ship Date _____ / _____ / _____

Our Truck Small Parcel Freight Will Call _____

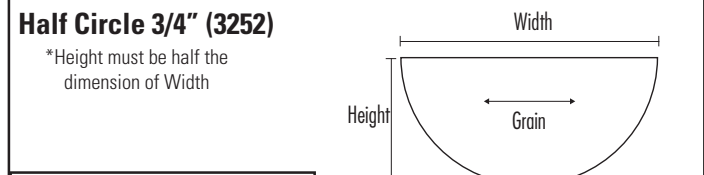
_____ Write the word "Quote" in the space for a quote only.

This is page _____ of _____ pages being faxed



QUANTITY

Corbels	Left	Qty	Right	Qty
Small 7"x 7"	3210		3213	
Medium 10"x 10"	3211		3214	
Large 15"x 15"	3212		3215	



Half Circle 3/4" (3252)	Width	Height
Quantity		

Bread Board (995)

Part #	Quantity
Bread Board 16" x 22"	2100
Bread Board 18" x 22"	2101
Bread Board 24" x 22"	2102
Bread Board slide pair	2103

Susans (995)

Part #	Quantity
Kidney Susan Kit 24" White	7500
Kidney Susan Kit 28" White	7501
Pie Susan Kit 24" White	7503

Misc. Items (995)

Part #	Quantity
Tilt Out Tray 36" (Almond)	7600
Tilt Out Tray Cap Kit	7599
Roll-Out Bumper	7602
Clear Glass Clips	7603
Clear Bumper Pads 50/Sheet	7604
Roll-Out Spacer 3/4"	7605
Metal Shelf Pin	7606

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

Office Use Only

CSR: _____