

STANDARD ORDER FORM

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: _____

Finishing Options

Finished Unfinished (specify grade with material)

Material: _____

Face _____ Back _____ Frame _____

Finish Name: _____

Visit decore.com/products/finishes for available combinations

Sheen

Satin Sheen WBF Semi-gloss Sheen WBF Satin 35 Sheen SBF

Door Details

Drawer Fronts

Drawer Front Grain

Solid Routed 5-piece Horizontal Vertical

Size Products manufactured to actual sizes provided.

Panel Detail (Wood Only)

Standard Other _____

Inside Edge Detail (Wood Only)

Standard Other _____

Outside Back Edge Detail

Outside Face Edge Detail

Fingerpull

Standard

No Lip

No Detail

Lipped (wood only)

Other _____

Bore Pattern

Bore A Bore B Other _____

Special Instructions:

Requested Ship Date ____ / ____ / ____

Our Truck Small Parcel Freight Will Call _____

Office Use Only

CSR: _____

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

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