

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

S = Single (One door made to fit sizes provided)

P = Pair (2 doors made to fit width of sizes provided)

DF = Drawer Front

Deco-form & MDF Doors must be ordered as Single

Special = Susans, Glass Door, French Lite & how many lites, etc.

Bore = Available on Wood (Bore A) & Deco-form doors (Bore B)

Door Name or Number: _____

Finishing Options

Finished Unfinished

Material: _____

Face _____ Back _____ Frame _____

Finish Name: _____

See grid at www.decore.com/purecolors for available material/finish combinations.

Sheen

Satin Sheen Semi-gloss Sheen

Product Specification

Drawer Fronts	Drawer Front Grain
<input type="checkbox"/> Solid <input type="checkbox"/> Routed <input type="checkbox"/> 5-piece	<input type="checkbox"/> Horizontal <input type="checkbox"/> 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
<input type="checkbox"/> Fingerpull	<input type="checkbox"/> Standard
<input type="checkbox"/> No Lip	<input type="checkbox"/> Other _____
<input type="checkbox"/> Lipped (wood only)	
<input type="checkbox"/> OE1 - No Lip/No Detail	

Special Instructions:

	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"/>
23						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Requested Ship Date _____ / _____ / _____

Our Truck UPS Freight Will Call _____

Office Use Only

CSR: _____