

| | |
|----------------------------------|--------------------|
| Customer Code: _____ | Date: _____ |
| Job Name / PO: _____ | |
| Company: _____ | |
| City: _____ | |
| Contact Name: _____ Phone: _____ | |
| Ship to Address: _____ | |
| City, State, Zip: _____ | |

QUOTE ONLY! All quotes will be drawn and submitted for your approval.
 This is page _____ of _____ pages being faxed

Frame Edge Profiles

- FE-1 (choose joint construction)
 FE-6 FE-7 FE-11

Joint Construction (FE-1 Only)

- Haunch (standard) Butt Joint (FE-1 Only)

Frame Material: _____

Choose Face Frame Thickness

- 3/4" Face Frame (395) 7/8" Face Frame (396)

Face Frame Options

- Assembled Un-Assembled

| | Tab | Width | Depth |
|--------------------------|-----|-------|-------|
| <input type="checkbox"/> | 3/8 | 3/8 | 1/4 |
| <input type="checkbox"/> | 3/8 | 3/8 | 3/8 |
| <input type="checkbox"/> | 3/8 | 1/2 | 1/4 |

| | Tab | Width | Depth |
|--------------------------|-----|-------|-------|
| <input type="checkbox"/> | 1/4 | 1/2 | 1/4 |
| <input type="checkbox"/> | 1/2 | 1/4 | 1/4 |
| <input type="checkbox"/> | 1/4 | 3/4 | 1/4 |

Special Instructions:



| # | QTY | W | H | A | B | C | D | E | F | G | H | I | J | K | L | Dado Placement** | | | | |
|---|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------|----------------------------------|----------------------------------|--------------------------|--------------------------|
| | | | | | | | | | | | | | | | | Left | Right | Top | Btm | |
| 1 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 2 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 3 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 4 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 5 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 6 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 7 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 8 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |

*For Conf. #207 use drawing grid order form.
 **Determine placement by looking at the face of the frame.

When choosing to purchase with a credit card, a 2.5% surcharge will apply for each transaction.

Requested Ship Date _____ / _____ / _____

Our Truck Small Parcel Freight Will Call _____

Office Use Only

CSR: _____



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| | | | | | | | | | | | | | | | | Left | Right | Top | Btm | |
| 9 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 10 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 11 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 12 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 13 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 14 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 15 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 16 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
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| 17 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 18 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
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| 19 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 20 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 21 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 22 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 23 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 24 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 25 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 26 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |
| 27 | | | | | | | | | | | | | | | | | <input type="checkbox"/> Inside | <input type="checkbox"/> Inside | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | | | | | | | | | | | <input type="checkbox"/> Outside | <input type="checkbox"/> Outside | | |

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 CSR: _____

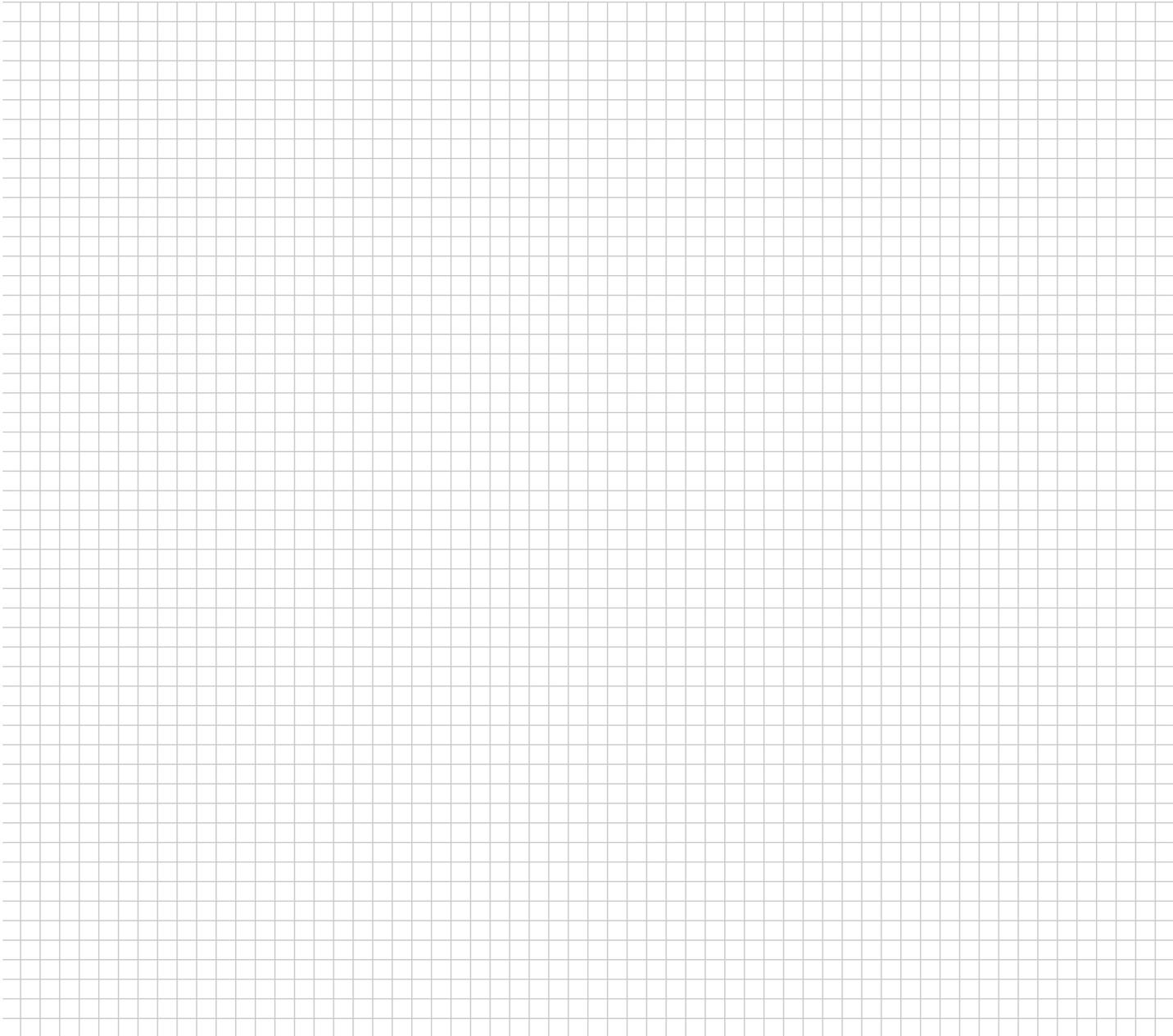


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|---|-----|---|---|---|---|---|---|---|---|--------------------------|--------------------------|
| | | | | | | | | Left | Right | Top | Btm |
| 1 | | | | | | | | <input type="checkbox"/> Inside <input type="checkbox"/> Outside | <input type="checkbox"/> Inside <input type="checkbox"/> Outside | <input type="checkbox"/> | <input type="checkbox"/> |

Drawing for Configuration #207
(write all dimensions on drawing)



1/8" Scale

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