DECORE-ATIVE SPECIALTIES®
Custom Cabinet Components since 1965

WOOD
Accessories

Customer Code: **Date:**

Job Name / PO:

Company: _____

City: _____

Contact Name: _____ Phone: _____

Ship to Address: _____

City, State, Zip:_____

☐ **QUOTE ONLY!** (Check Box For Quote)

This is page _____ of _____ pages being faxed

Part numbers can be found in the Wood Pricing Guide.

	Qty	Description	Part #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Accessories (454)

Material: Not all moldings are available in all wood species.

☐ Other: _____

Finishing Options

☐ Finished ☐ Unfinished

Finish Name : _____

Sheen

☐ Satin Sheen SBF ☐ Matte Sheen SBF

Special Instructions:

Requested Ship Date _____ / _____ /_____

☐ Our Truck ☐ Small Parcel ☐ Freight ☐ Will Call___

Office Use Only

CSR:_____