

CABINET PARTS - ORDER FORM

FAX to 888-446-5504 or **Email** to: sales@c2sparts.com



CABINET INFORMATION



Company _____

Job _____

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Line	Qty	C2S Cab #	Cust. Ref # (numbers only)	Width	Height	Depth (less door)	Hinge Side L, R, Pair	Drawer Front Height	Adjust. Shelves per opening	Fixed Shelves per opening	Comments
1	2	30	7	12	30	24	L	6	3	1	Example
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

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SPECIALTY PARTS INFORMATION

Company _____

Job _____

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Parts Material

Thickness _____

Melamine color: _____

Veneer species: _____

Laminate color (face): _____ color (back): _____

MDF type: _____

Edgebanding

PVC color: _____

Wood veneer species: _____

Line	Qty	Cust. Ref # (numbers only)	Part Description	Width	Length*	Banding Sides	Comments
1	2	30	Finished End	24	36	__W __L <input type="checkbox"/> none	Example
2						__W __L <input type="checkbox"/> none	
3						__W __L <input type="checkbox"/> none	
4						__W __L <input type="checkbox"/> none	
5						__W __L <input type="checkbox"/> none	
6						__W __L <input type="checkbox"/> none	
7						__W __L <input type="checkbox"/> none	
8						__W __L <input type="checkbox"/> none	
9						__W __L <input type="checkbox"/> none	
10						__W __L <input type="checkbox"/> none	
11						__W __L <input type="checkbox"/> none	
12						__W __L <input type="checkbox"/> none	
13						__W __L <input type="checkbox"/> none	
14						__W __L <input type="checkbox"/> none	
15						__W __L <input type="checkbox"/> none	
16						__W __L <input type="checkbox"/> none	

* Length dimension always parallel to grain on panels

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