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CABINET ORDER FORM

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CUSTOMER INFORMATION

Customer:	
Address:	
City:	
State:	**Zip:**
Phone:	**Fax:**
Job Name:	**PO:**
Email:	

JOB INFORMATION

Outside Material:_____ **Color:**_____

Inside Material: _____ **Color:**_____

Door Material: _____ **Color:**_____

Door Edge Material:_____ **Color:**_____

Shelf Edge Material: _____ **Color:**_____

Case Edge Material:_____ **Color:**_____

Base Cabs Only: _____ **Full Tops** _____**Stretchers**

Supply Doors: _____ **Yes** _____ **No**

Bore Doors: _____ **Yes** _____ **No**

Drawer Slide Bore: ❑ **Accuride 3832** ❑ **Blumotion**

Base Cabinet Reveal	**Upper cabinet Reveal**
❑ **1/8”**	❑ **1/8”**
❑ **1/4"**	❑ **1/4"**
❑ _____	❑ _____

	Qty	C2S Cab #	Cust. Ref # (office use)	Width	Height	Depth	Hinge Side L, R, Pair	Drawer Front Height	# of Adjust Shelves	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										