



BILL TO: _____ SHIP TO: _____
 Address _____ Address _____
 City _____ ST _____ Zip _____ City _____ ST _____ Zip _____
 Contact _____ Cell _____ Contact _____ Cell _____
 Ph. _____ Fax _____
 Email _____
 Prefer Order Acknowledgment via: FAX or Email
 Job Name/PO# _____ Add'l Instructions _____
 CabParts Customer # _____

NOTE: Freight Companies may charge extra for these services

 Residential Delivery Lift Gate Requested Call Before Delivery _____Choose case assembly method: CONFIRMAT Screw w/ alignment dowels or DOWEL & GLUE (Default) 3/4" CabParts WHITE NATURAL MAPLE ALMOND BLACK GRAY

OTHER: _____

 5/8" CabParts

CABT/PANEL EDGE: _____

ADJ. SHELF EDGE: _____

D/DF EDGE: _____

FOR 3MM EDGE BAND: RADIUS OR SQUARE EDGES

INCLUDE HDWR

 HINGES EURO GUIDES FULL EXT GUIDES

INCLUDE	<input type="checkbox"/> DOORS & DWR FRONTS <input type="checkbox"/> DRILL FOR HINGES <input type="checkbox"/> CABPARTS DOWELED DWR BOXES - DEFAULT (OPTIONAL: CONFIRMAT OR METABOX) <input type="checkbox"/> DOVETAIL DWR BOXES - OPTIONAL <input type="checkbox"/> SIZE FOR BLUM TANDEM			ADJ. SHELF QTY. PER CABT.	HINGE DR		BLIND	EXP. END	LIST ANY NON-STANDARD DIMENSIONS			PRICING NOT REQ'D (NON STANDARD CABPARTS ARE FACTORY PRICED)	
	QTY	CATALOG ITEM # OR DESCRIPTION	L/R		L/R	L/R			W	H	D	PRICE	TOTAL
1													
2													
3													
4													
5													
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25													

 AUTHORIZED SIGNATURE

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SUB-TOTAL _____
 LESS _____% DISCOUNT _____
 PLUS TAX IF APPLICABLE _____
TOTAL F.O.B. FACTORY _____