

Customer Information

Quote Firm Order

Company _____

Contact _____

Address _____

City _____ Zip _____

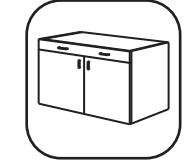
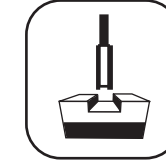
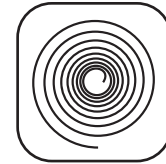
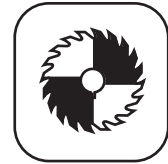
Phone _____ Fax _____

Cell Phone _____

Email _____

Due Date _____

Job Name / P.O. # _____



Cabinet Outsource

Date Received _____

p: 714.671.7720

Job Name _____

f: 714.671.7725

OFFICE USE ONLY

General

Hinge Layout CNC Machining sys. 32mm sys.

Supply Doors yes no

Bore Doors yes no

Hinge Type Blum 120° Blum 170° Other _____

Finished Ends laminated(dowel construction) applied

Assemble Cabinets yes no

Drawer Slides model _____ size _____

Drawer Stretchers yes no dust panels

Base Tops stretchers full tops

Route for Hanging Cleat yes no

Attached Toe Kicks height _____ notch depth _____

Include Attached Toe Kick height in overall cabinet height.

Case Materials

Exterior _____ Color _____

Interior _____ Color _____

Wall Bottoms _____ Color _____

Core _____

Edgebanding Materials

Door _____ Color _____

Shelves _____ Color _____

Case _____ Color _____

Door Reveals

Base Top 1/8" 1/4" _____

Bottoms 1/8" 1/4" _____

Wall Hung Top 1/8" 1/4" _____

Bottoms 1/8" 1/4" _____

Delivery Method

Will Call Freight Ship To _____

Special Instructions _____

* Please make sure all items are filled out completely and correctly, any missing information will delay the order

