Cabinet Outsource

p: 714.671.7720
f: 714.671.7725

Date Recieved _____

Job Name _____

OFFICE USE ONLY

1 Customer Information

Quote ⊙ Firm Order ○

Company _____

Contact _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

Cell Phone _____

Email _____

Due Date _____

Job Name / P.O. # _____

2 General

Hole Layout CNC Machining sys. ⊙ 32mm sys. ○

Supply Doors yes ⊙ no ○

Bore Doors yes ⊙ no ○

Hinge Type Blum 120º ⊙ Blum 170º ○ Other _____ ○

Finished Ends laminted(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.

3 Case Materials

Exterior _____ Color _____

Interior _____ Color _____

Wall Bottoms _____ Color _____

Core _____

4 Edgebanding Materials

Door _____ Color _____

Shelves _____ Color _____

Case _____ Color _____

5 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″ ○	____ ○

6 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

Cabinet Information

Page _____ of _____
Company _____
Job _____

Cabinet Outsource

110 Arovista Ave.
Brea, Ca 92821
p.714.671.7720
f.714.671.7725

	Cab #	Qnty.	Width	Height	Depth Minus Door	Finished End L,R, Both	Hinge L, R, Pair	Adj. Shelf	Fixed Shelf	Drawer Front Height From Top to Bottom	Comments
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Parts Information

Page _____ of _____
Company _____
Contact _____
Phone _____
Fax _____
Job Name _____

Material

Side 1_____
Side 2 _____
Thickness_____
Core_____

Cabinet Outsource

110 Arovista Ave
Brea CA 92821
714-671-7720
Fax 714-671-7725

***Grain runs with the length** ***Edgebanding Mark 1 or 2 (Example; For a Drawer Front mark 2 Width 2 Length)**

	Part Description	Qnty	Width	Length	Edgebanding		Edge Banding Material	Edge Banding Thickness	Comments
					Width	Length			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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16									
17									
18									
19									
20									