

RTA CABINET ORDER FORM

 QUOTE

 ORDER

DATE _____

NAME:	JOB OR PO#
SHIPPING ADDRESS:	MAILING ADDRESS:
PHONE:	FAX:
	EMAIL:

CABINET DETAILS	
<input type="checkbox"/> FACEFRAME (1/2" OVERLAY STANDARD)	<input type="checkbox"/> OTHER OVERLAY _____
<input type="checkbox"/> FRAMELESS (1/8" REVEAL STANDARD)	<input type="checkbox"/> OTHER REVEAL _____

MATERIAL
<input type="checkbox"/> 5/8" UV 2 SIDES
<input type="checkbox"/> MAPLE MELAMINE
<input type="checkbox"/> WHITE MELAMINE

DRAWER BOXES
<input type="checkbox"/> STANDARD DRAWER BOX
<input type="checkbox"/> DOVETAIL DRAWER BOX
<input type="checkbox"/> NO DRAWER BOXES

DRAWER HARDWARE
<input type="checkbox"/> EPOXY SIDE HARDWARE 3/4 EXTENSION
<input type="checkbox"/> SIDE MOUNT SOFT CLOSE FULL EXTENSION
<input type="checkbox"/> SOFT UNDERMOUNT

HINGES
<input type="checkbox"/> SOFT CLOSE (STANDARD)
<input type="checkbox"/> SELF CLOSE

 TOE KICK

 NO TOE KICK

DOOR AND DRAWER FRONT STYLES
<input type="checkbox"/> NO DOORS OR DRAWER FRONTS BOX ONLY
WOOD SPECIES _____
DOOR DESIGN _____
DRAWER FRONT DESIGN _____
EDGE PROFILE _____
PANEL PROFILE _____
FRAME PROFILE _____

FINISHING	
<input type="checkbox"/> NO FINISH	<input type="checkbox"/> STAIN _____
<input type="checkbox"/> CLEAR	<input type="checkbox"/> MATCH PAINT COLOR _____
<input type="checkbox"/> WHITE LACQUER	<input type="checkbox"/> GLAZE _____

ACCESSORIES	
<input type="checkbox"/> TOE KICK 4" X 96" X 1/4"	QTY _____
<input type="checkbox"/> CROWN 8' LENGTHS	QTY _____ STYLE _____
OTHER _____	
OTHER _____	
OTHER _____	
OTHER _____	

RTA CABINET ORDER FORM

	QTY	CABINET STYLE	WIDTH X HEIGHT X DEPTH		FINISHED END?		NOTES : SPECIAL REQUIREMENTS
					LEFT	RIGHT	
A			X	X			
B			X	X			
C			X	X			
D			X	X			
E			X	X			
F			X	X			
G			X	X			
H			X	X			
I			X	X			
J			X	X			
K			X	X			
L			X	X			
M			X	X			
N			X	X			
O			X	X			
P			X	X			
Q			X	X			
R			X	X			

NOTES _____
