



CABINET BOX ORDER FORM

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PO # \_\_\_\_\_ JOB NAME \_\_\_\_\_

CABINET BOX MATERIAL & THICKNESS \_\_\_\_\_

EDGE TAPE (BRAND, COLOUR, & THICKNESS) \_\_\_\_\_ # \_\_\_\_\_

DRAWER BOX MATERIAL & THICKNESS \_\_\_\_\_

DRAWER SLIDES: SIDEMOUNT ACCURIDE DTC UNDERMOUNT DTC LEGACY – WHITE / GREY

INTERGRATED KICK: YES NO KICK HEIGHT \_\_\_\_\_

DOOR/DRAWER SPECIES (IF REQUIRED) \_\_\_\_\_

PLANTON/PARTS SPECIES (IF REQUIRED) \_\_\_\_\_

PLEASE ATTACH ANY ADDITIONAL REQUIREMENTS OF CUSTOM CABINETS REQUIRED:

\_\_\_\_\_  
\_\_\_\_\_

ORDERS WILL ONLY BE PROCESSED AFTER LAYOUT HAS BEEN CONFIRMED. ORDERS CANNOT BE ALTERED ONCE IN PRODUCTION

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

