



Phone: (417) 799-0297 FAX: (417) 799-0298

Custom Order Form

Company:	Salesperson:	Date: / /	Page of
P.O.#	Job Name:	Provide Sample? Yes <input type="checkbox"/> No <input type="checkbox"/>	

(Use this space for drawings & additional details. i.e. stop flute distance, flush ends, BPD, mullion # /glass doors)

Color:	Finish Sides? L <input type="checkbox"/> R <input type="checkbox"/> N/A <input type="checkbox"/>	Drawer Box Type?
Species:	Door Style/Overlay?	⁵ / ₈ " Dovetail <input type="checkbox"/> 1/2" Ply <input type="checkbox"/>

Order Confirmations will be faxed, please check them for accuracy.

We appreciate you and your business!