



CABINET DOOR & DRAWER FORM

Chadwell Supply
4907 Joanne Kearney Blvd
Tampa, FL 33619

BILL TO CHADWELL SUPPLY, INC.
ADDRESS 4907 JOANNE KEARNEY BLVD
PHONE 888-341-2423 EXT 400 **FAX** 813-435-2187
EMAIL renovations@chadwellsupply.com

SHIP TO _____ **DATE** _____
ADDRESS _____
PHONE _____ **FAX** _____
CONTACT _____ **CELL** _____
EMAIL _____ **REF#** _____

FOR CHADWELL USE ONLY **CUST #** _____ **QUOTE** **ORDER** **CUST PO#** _____
CUST NAME _____ **SHIP TO** _____
CONTACT _____ **ADDRESS** _____
PHONE _____ **FAX** _____ **CITY** _____ **ST** _____ **ZIP** _____

DOOR STYLE AND MATERIAL OPTIONS ***ONLY ONE DOOR STYLE / COLOR PER FORM***

MATERIAL: WOOD THERMOFOIL **COLOR:** _____ **FINGERPULLS:** TOP BOTTOM
OTHER: **MATCH BACK?** Y WHITE BACK BLACK BACK **OVERLAY:** _____
NOTES: _____ **HINGE BORING:** N W/ DOWELS W/O DOWELS **INCLUDE HINGES?** Y N

DOOR FRONTS *Standard Grain Direction is Vertical

DOOR STYLE CHADWELL SHAKER CHADWELL NP SHAKER CHADWELL 3-PASS CHADWELL 2-PASS CHADWELL ELEGANT II OTHER

SPECIAL INSTRUCTIONS:

QTY	WIDTH	HEIGHT	NOTES	QTY	WIDTH	HEIGHT	NOTES
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

DRAWER FRONTS *Standard Grain Direction is Horizontal

STYLE SLAB **MATCH DOOR STYLE** **SPECIAL INSTRUCTIONS:** _____

QTY	WIDTH	HEIGHT	NOTES	QTY	WIDTH	HEIGHT	NOTES
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

DRAWER BOXES

SPECIAL INSTRUCTIONS:

QTY	WIDTH	HEIGHT	DEPTH	NOTES	QTY	WIDTH	HEIGHT	DEPTH	NOTES
1					4				
2					5				
3					6				

PACKING INSTRUCTIONS - add'l charges apply

SHIPPING PREFERENCE

RECEIVING CAPABILITIES

<input type="checkbox"/> Bundlewrap	<input type="checkbox"/> Other _____	<input type="checkbox"/> Ship to Chadwell Warehouse	Loading Dock <input type="checkbox"/>
SPECIAL INSTRUCTIONS - add'l charges may apply		<input type="checkbox"/> Jobsite Direct **Must be tractor trailer accessible**	Pallet Jack <input type="checkbox"/>
<input type="checkbox"/> Rush Order	<input type="checkbox"/> Other _____	<input type="checkbox"/> CPU (Customer Pick-up)	Liftgate Required <input type="checkbox"/>

I guarantee the measurements on this form have been verified to be accurate and complete. I take full responsibility for the total monetary value of this order

Notes: _____ **Order Pc. Count:** 0

Signature: _____ **Date:** _____