

Spectrum Series Order Form



One door style per order form

Integra & Covara

MN phone: 888.825.5783

fax: 218.998.1888

Metro, Nova & Fusion

Vanceburg, KY phone: 606.796.0322

fax: 606.796.0379

Date: _____

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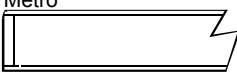
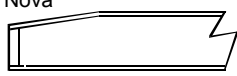
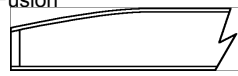
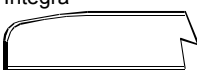
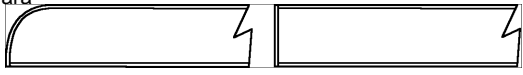
Quote Order

Ordered by: _____

Phone: _____

PO #: _____

BILL TO Address _____ City _____ ST _____ Zip _____ Tel _____ Fax _____ Email _____	SHIP TO Address _____ City _____ ST _____ Zip _____ Tel _____ Fax _____ Commercial <input type="checkbox"/> Residential <input type="checkbox"/>
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Material check one only <input type="checkbox"/> Rift Cut Red Oak <input type="checkbox"/> Quarter Sawn Cherry <input type="checkbox"/> Quarter Sawn Maple	Door Style check one only <input type="checkbox"/> Metro  <input type="checkbox"/> Nova  <input type="checkbox"/> Fusion  <input type="checkbox"/> Integra  <input type="checkbox"/> Covara 
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Doors		Grain Direction		Horizontal <input type="checkbox"/>		Vertical <input type="checkbox"/> (standard)	
Qty	Width	Height	Notes	Qty	Width	Height	Notes
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

Drawer Fronts		Grain Direction		Horizontal <input type="checkbox"/>		Vertical <input type="checkbox"/> (standard)	
Qty	Width	Height	Notes	Qty	Width	Height	Notes
1				5			
2				6			
3				7			
4				8			

Frames		Grain Direction		Horizontal <input type="checkbox"/>		Vertical <input type="checkbox"/> (standard)		Mullions		Grain Direction		Horizontal <input type="checkbox"/>		Vertical <input type="checkbox"/> (standard)	
Qty	Width	Height	Notes	Qty	Width	Height	Notes	Qty	Width	Height	Notes	Qty	Width	Height	Notes
1				1				1				1			
2				2				2				2			
3				3				3				3			

Hinge Boring <input type="checkbox"/> HB 1 <input type="checkbox"/> HB 2 <input type="checkbox"/> Custom (drawing required)	Glass Retainer Options <input type="checkbox"/> Clear Retainer Clips (bag of 6 - \$.75) <input type="checkbox"/> Clear Retainer Strips (\$.75 per lineal ft.) Requires routing for glass which is subject to an upcharge.	Preferred Shipping Method <input type="checkbox"/> UPS <input type="checkbox"/> Common Carrier <input type="checkbox"/> Other: _____ Receiving Capabilities <input type="checkbox"/> Shipping Dock <input type="checkbox"/> Pallet Jack	<input type="checkbox"/> Pick up <input type="checkbox"/> Best Way <input type="checkbox"/> Forklift notes: _____	Payment Method <input type="checkbox"/> Prepay <input type="checkbox"/> Account <input type="checkbox"/> Credit Card
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Notes

Signature: _____ Date: _____