

PRICING ONLY - this is an estimate, not for production

Date _____

BILL TO: _____ SHIP TO: _____
 Address _____ Address _____
 City _____ ST _____ Zip _____ City _____ ST _____ Zip _____
 Contact _____ Cell _____ Contact _____ Cell _____
 Ph. _____ Fax _____
 Email _____
 NOTE: Freight Companies may charge extra for these services
 Residential Delivery Lift Gate Requested
 Call Before Delivery _____
 Prefer Order Acknowledgment via: FAX or Email
 Job Name/PO# _____ Add'l Instructions _____
 CabParts Customer # _____

 Choose case assembly method: **CONFIRMAT Screw w/ alignment dowels** or **DOWEL & GLUE (Default)**

MATL. TH.: 3/4" th. 5/8" th.
STOCK MELAMINES: WHITE ALMOND GRAY
 NATURAL MAPLE BLACK
 OTHER MATL: _____
CABT/PANEL EDGE: _____
ADSH EDGE: _____
D/DF EDGE: _____
FOR 3MM EDGE BAND: RADIUS OR SQUARE EDGES
INCLUDE HDWR
 HINGES
 EURO GUIDES
 FULL EXT GUIDES

INCLUDE	DOORS & DWR FRONTS <input type="checkbox"/> DRILL FOR HINGES			ADJ. SHELF QTY. PER CABT.	HINGE DR	BLIND	EXP. END	LIST ANY NON-STANDARD DIMENSIONS			PRICING NOT REQ'D (NON STANDARD CABPARTS ARE FACTORY PRICED)				
	<input type="checkbox"/> CABPARTS DOWELED DWR BOXES - DEFAULT (OPTIONAL: CONFIRMAT OR METABOX)	<input type="checkbox"/> DOVETAIL DWR BOXES - OPTIONAL	<input type="checkbox"/> SIZE FOR BLUM TANDEM					W	H	D	PRICE	TOTAL			
QTY	CATALOG ITEM # OR DESCRIPTION				L	R	L	R	L	R	W	H	D	PRICE	TOTAL
1															
2															
3															
4															
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 AUTHORIZED SIGNATURE
for digital signature, please check box and type name next to it.

SUB-TOTAL _____
 LESS _____% DISCOUNT _____
 PLUS TAX IF APPLICABLE _____
TOTAL F.O.B. FACTORY _____