



STANDARD MEDICINE CABINET ORDER FORM

Please Fax to 973-785-0777

CUSTOMER _____ CONTACT NAME _____ DATE _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE # _____ FAX # _____ PO # _____

PART NUMBER DETAILS

(WIDTH AND HEIGHT) (DEPTH) (FINISH) (MIRROR) (ARCH) (HINGE LOCATION) (ELECTRIC OR NON ELECTRIC)

1530 - 4 - BL - F - A - R - O

Finish: BL = Black
WH = White
SF = Satin

Mirror: B = Beveled Mirror Edges
F = Flat Mirror Edges

Arch: A = Arched Top
O = Straight Top

Hinges: L = Hinges Located on Left
R = Hinges Located on Right
O = Universal

Electric: E = Electric Option
O = Non-Electric

STANDARD SIZE MODELS AS LISTED IN PRICEBOOK

If mounting is not indicated, Recessed is assumed and side kits will NOT be included

Qty	Model #	List \$ Each	Surface Mount*	Semi-Recess*	Recess	Total List \$
_____	_____	\$ _____	+	\$ _____ or \$ _____ or N/C	=	\$ _____
_____	_____	\$ _____	+	\$ _____ or \$ _____ or N/C	=	\$ _____
_____	_____	\$ _____	+	\$ _____ or \$ _____ or N/C	=	\$ _____
_____	_____	\$ _____	+	\$ _____ or \$ _____ or N/C	=	\$ _____

_____	Mirror/Shelf Kit	W _____	H _____	D _____
<i>Circle One:</i>	Arch	Non-Arch		
<i>Circle One:</i>	Beveled Mirror	Flat Mirror		

Mirror/Shelf Kits are engineered to be mounted between two surface mounted cabinets. Mounts 11/16" from Wall.

\$ _____ + \$ _____ = \$ _____
Mirror Price + Shelf Price

ORDER TOTAL \$ _____

Customer Signature - Required

* Mirror Side Kit necessary for surface mount and semi-recessed models. Please see price book for pricing on model you are ordering.

