	Please Fax						Ori	der For <i>i</i>
Customer	r icase i az	k to 973	-785-	0777				
		_ Cont	act N				DA	re
Address		_ C ITY,	Stati	E, Z IP				
Рноле #	Fax #	ł			F	PO #		
(WIDTH AND HEIGHT) (DEPTH Finish: BL = Black WH = White SF = Satin (WIDTH AND HEIGHT) (DEPTH Mirror: B = Beveled M F = Flat Mirror		R) (ARCH	H) (H	- R - C Hinges: L = R = 0 =	= Hinges Located = Hinges Located = Universal	d on Left El d on Right	ectric:	E = Electric Opti O = Non-Electric
STANDARD SIZE MODELS	as Listed in	PRICEE	3 00 1	K ^{If mo}		t indicated, Rec ats will NOT b		
<u>Qty Model #</u>	<u>ŧ</u>	List \$ Ea		<u>Surface</u> <u>Mount*</u>	<u>Semi</u>			<u>Total List</u>
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Century Bathworks, Inc.™ = 250 Lackawanna Avenue = West Paterson, NJ 07424 = 973 785 4290 = 800 524 2578 = fax 973 785 0777 = www.centurybathworks.com

	en lung Bo	Thworks	JSTOM MEDICINE CABINET QUOTE FORM
		973-785-0777 DNTACT NAME	D ate
Address	Cı	TY, STATE, ZIP	
			_ PO #
	Height*: ening □Overall Dimensic	Mirror Side Kit included on sur *Consult factory for	Semi Recessed Recessed rface mount and semi-recessed models. width and height limitations
Depth: 4″ Finish: Black C		Hinge Location	■ Not Arched ■ Arched : ■ Left Side ■ Right Side ion needed on arched cabinets only
Mirror Style: L Flat	Bevel Bevel		יייי וופפתפת מון מולוופת למאווופוז מוווא
Mirror Style: Internal Use Only:	Bevel		Quoted By:

PLEASE FAX BACK WITH SIGNATURE WHEN ORDERING
Customer Signature - Required for Ordering

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