QUOTE ONLY

SUPERIOR CABINET DOORS

ORDER NUMBER: _____

CUSTOMER NAME: _____

ADDRESS: _____

_____

_____

DOOR TYPE: _____

EDGE PROFILE: _____

CENTRE MOULD: _____

DOOR PATTERN: _____

DOOR COLOUR: _____

JOB NUMBER: _____

EDGING COLOUR: _____

HOLES: _____

TELEPHONE NO: _____

CUSTOMER REF: _____

DATE PLACED: _____

INVOICE NUMBER: _____

QUANTITY	HEIGHT	WIDTH	HOLES	COMMENTS

CUSTOMER SIGNATURE: _____