

ORDER QUOTE

PAGE 1 OF ____

CUSTOMER # _____ COMPANY _____

PO # _____ DATE ORDERED _____ REQUESTED SHIP DATE _____

SHIP TO (IF DIFFERENT FROM BILLING ADDRESS): _____ SHIP VIA _____

COMPANY/NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CUSTOMER CONTACT _____

 STANDARD LEAD TIME RUSH (35% UPCHARGE) EXPEDITE (50% UPCHARGE)

CORBELS
TURNINGS

ITEM # _____ QTY _____

ITEM # _____ QTY _____

SPECIES _____

SPECIES _____

FINISH _____ SHEEN _____

FINISH _____ SHEEN _____

ITEM # _____ QTY _____

ITEM # _____ QTY _____

SPECIES _____

SPECIES _____

FINISH _____ SHEEN _____

FINISH _____ SHEEN _____

ITEM # _____ QTY _____

ITEM # _____ QTY _____

SPECIES _____

SPECIES _____

FINISH _____ SHEEN _____

FINISH _____ SHEEN _____

ITEM # _____ QTY _____

ITEM # _____ QTY _____

SPECIES _____

SPECIES _____

FINISH _____ SHEEN _____

FINISH _____ SHEEN _____

ITEM # _____ QTY _____

ITEM # _____ QTY _____

SPECIES _____

SPECIES _____

FINISH _____ SHEEN _____

FINISH _____ SHEEN _____

ITEM # _____ QTY _____

ITEM # _____ QTY _____

SPECIES _____

SPECIES _____

FINISH _____ SHEEN _____

FINISH _____ SHEEN _____

SPECIAL INSTRUCTIONS _____