

						Ca	binet Door Or	der Fo	orm	
Job Name:								Cı	ustomer:	
Woo	d Spe	cies:						А	ddress:	
Do	or Sty	le:						City/State/ Zip:		
Stile a	and ra	il cut:						ı	Phone:	
Pan	el Pro	file:						Fax:		
Outs	side ed	dge:					I	E-mail:		
Line:	#:	Wio	dth:	Heiç	ght:	D/DF/EP		Line:		Special Instructions:
1								1		
2								2		
3								3		
4								4		
5								5		
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8								8		
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All orders will be followed within 24hrs. by an order confirmation.

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This confirmation must be signed & returned to PCNM Woodworks before order will be processed.