



Order Form

400 Cochrane Circle
Morgan Hill, CA 95037
FAX 408-782-9000
408-782-5700

Customer # _____

Company _____

Your Name _____

City _____

Telephone (_____) _____

Job Name / P.O. _____

Order Date _____ Ship Date _____

Ship To _____

Ship Via _____

Special Instructions: Please note - any non-standard or wainscot panels must be accompanied by a drawing.

Type:

S=Single DF=Drawer FL=French Lite GL=Glass
P=Pair **Note: 1 PAIR=2 DOORS (WIDTH WILL BE SPLIT IN HALF)**

- Finish Door Size Cabinet Opening Overlay
 1" W x 1" H (1/2" overlay all sides)
 1/2" W x 1/2" H

Door Style 1 _____ \$ _____

Door Style 2 _____ \$ _____

Door Style 3 _____ \$ _____

Door Style 4 _____ \$ _____

Drawer Style _____ \$ _____

Drawer Type Plain Routed Five-Piece

Material _____

Outside Edge Profile Options _____

- Rosewood No Lip Rosewood Finger Pull
 Finger Pull No Lip Square 3/8 Lip

Other _____

Cope & Stick Profile Options

- 1 2 3 4 5 6

Other _____

Solid Raised Panel Profile Options

- C Panel S Panel L Panel F Panel

Other _____

- Prebore Cup Only Prebore Cup & 8MM Dowels (Blum Hinge)

DBE (Distance from Back Edge) 6MM (Standard) Special _____MM

QTY	TYPE	WIDTH	HEIGHT	L	R	NOTES	QTY	TYPE	WIDTH	HEIGHT	L	R	NOTES
1							13						
2							14						
3							15						
4							16						
5							17						
6							18						
7							19						
8							20						
9							21						
10							22						
11							23						
12							24						

Order online at www.caldoor.com

Order Taken By _____ Time _____