CABINET GLASS ORDER

CUSTOMER INFORMATION (please print)   **DATE**:_____

NAME: _____

ADDRESS:_____

_____

PHONE:_____

ANY SPECIAL INFORMATION:_____

_____

_____

WHOLESALE CUSTOMERS:

JOB / PO #:_____

CONTACT: _____

FAX: _____

PROJECT INFORMATION

GLASS TYPE:_____

MEASUREMENTS = (circle one)

OPENING SIZE   or   EXACT CUT SIZE

1) WIDTH:_____**HEIGHT:**_____

 # OF PIECES AT THIS SIZE:_____

2) WIDTH:_____**HEIGHT:**_____

 # OF PIECES AT THIS SIZE:_____

(circle one) SILICONE   OR   CLIPS

HINGES OR PULLS ON DOOR?

FOR STAFF USE ONLY

COST ESTIMATE:

_____Panel Cut-Outs ($15.00 per door / $20.00 per door arched)
_____Glass (minimum $10.00 per panel)
_____Cutting Charge (25% of glass cost)
_____Install ($10.00 per door)

_____SUBTOTAL

_____TAX

_____**TOTAL**

_____**DEPOSIT**   _____**DATE   CASH   CHECK #** _____   **CHARGE**

Anticipated Date of Completion:_____
Order taken by: _____(Vinery Staff)

Order picked up by:_____ Date:_____

Notified of Completion

Date:_____
Initials:_____

Reminder

Date:_____
Initials:_____