



CRAWFORD CABINETS
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706-868-6329
706-855-5700 fax

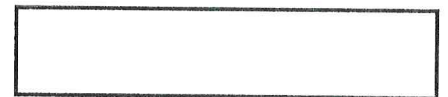
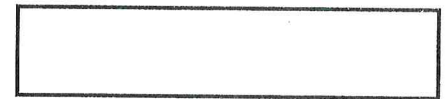
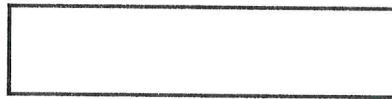
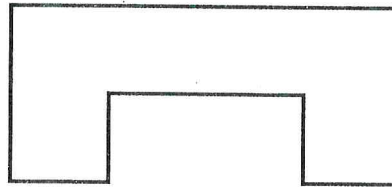
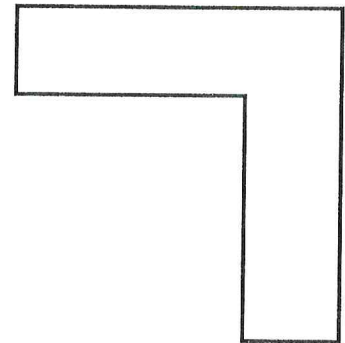
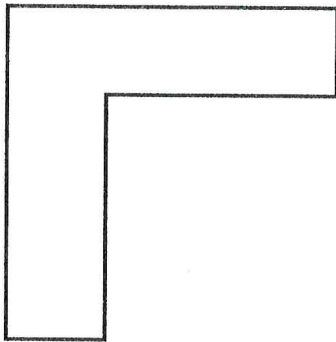
Date: _____
Job #: _____

Name: _____ **Phone #:** _____

Email: _____ **Requested by:** _____

Kitchen Color/Edge Style: _____

Vanity Color/Edge Style: _____



Note: By submitting this order, I understand that the tops specified above will be cut according to the measurements I specified. Since order is custom-cut, there will be NO REFUNDS. All orders must be Paid in Full before material is ordered and production is started.

X _____ **X** _____

Comments: _____

Order taken by: _____