



FLAT CABS

OFFICE USE ONLY

Job No: _____

Invoice No: _____

Email: orders@flatcabs.com.au

Customer: _____

Address: _____

Contact: _____

Date Ordered: _____

Order # _____

Email: _____

Date Required: _____

Doors, Drawers and Panels

Brand _____

Colour _____

Finish _____

Hardware

Supply _____

Hinge Brand _____

Hinge Type _____

Drawer Brand _____

Drawer Type _____

Cabinet

Solid Top / 100mm mel rail / 42 x 19 rail

Adjustable legs YES / NO

Supply YES / NO

Kicker Box YES / NO

Kick Box height _____ mm

Kick Face Colour _____

Overhead door overhang _____ mm

Bulkheads supply YES / NO

Bulkhead Height _____ mm

Draw any different items here

Comments

ALL ALTERATIONS AND CANCELLATIONS MUST BE MADE WITHIN 4 HOURS OF THE ORDER BEING PLACED. ANY ALTERATIONS AND CANCELLATIONS AFTER THIS TIME WILL INCURE A CHARGE. ALL ALTERATIONS MUST BE RECEIVED IN WRITING QUOTING THE ORDER NO.

