



Spectrum Veneer ORDER FORM

Inquiry Request: _____

PAGE _____ OF _____



568 7th St. San Francisco, CA 94103

Email Form: orders@macmurraypacific.com
Fax Form: (415) 552-5840

ORDER DATE _____

CUST ID _____

ORDERED BY _____

PO # _____

PHONE _____

TAG TO _____

FAX _____

PROJ NAME/QUOTE ID _____

EMAIL _____

ONE DOOR STYLE PER ORDER FORM

BILL TO				SHIP TO				Commercial Residential	
ADDRESS				ADDRESS					
CITY		ST	ZIP	CITY		ST	ZIP		

DOOR STYLE AND MATERIAL OPTIONS

Profile Name: _____ -OR- Custom Profile Name: _____

Species: _____

Verticals/Backs: _____

Veneer Cut: _____

Edgebanding: _____

*Verticals/Backs for Element Profile Only

DOORS GRAIN DIRECTION: _____ FRAME BACKSIDE: _____

*Standard Grain Direction is Vertical

*Grain direction dictates edge profile on Contour & Novara

HINGE BORING: _____

QTY	WIDTH	HEIGHT	NOTES (Frame, etc)	QTY	WIDTH	HEIGHT	NOTES (Frame, etc)
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

DRAWER FRONTS GRAIN DIRECTION: _____

*Standard Grain Direction is Vertical

QTY	WIDTH	HEIGHT	NOTES	QTY	WIDTH	HEIGHT	NOTES
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			

ACCESSORIES W/ DIMENSIONS (Panels, Cut to Size Panels, Fillers, Overlay, etc. *Cut to size panels will not have finished edges) Please note grain direction where applicable.

QTY	WIDTH	HEIGHT	GRAIN	NOTES (Thickness, etc.)	QTY	WIDTH	HEIGHT	GRAIN	NOTES (Thickness, etc.)
1					4				
2					5				
3					6				

ACCESSORIES (Moulding, PSA, Norlam, Glass Clips, etc.) Please note grain direction where applicable.

QTY	ITEM DESCRIPTION	GRAIN	QTY	ITEM DESCRIPTION	GRAIN
1			4		
2			5		
3			6		

FLOATING SHELVES (Grain direction on Top, Bottom and Front Edge will always be Horizontal) Please note grain direction applicable to side edges only.
*Standard Height is 2", standard Depth is 10"

QTY	WIDTH	HEIGHT	DEPTH	GRAIN	Bracket	QTY	WIDTH	HEIGHT	DEPTH	GRAIN	Bracket
1						4					
2						5					
3						6					

PACKING INSTRUCTIONS - add'l charges apply				SHIPPING PREFERENCE				RECEIVING CAPABILITIES				
<input type="checkbox"/> Downstack	<input type="checkbox"/> Tag	<input type="checkbox"/> Box	<input type="checkbox"/> Other _____	<input type="checkbox"/> UPS Ground	<input type="checkbox"/> UPS	<input type="checkbox"/> UPS 3DA	<input type="checkbox"/> LTL Carrier	<input type="checkbox"/> UPS NDA	<input type="checkbox"/> Int'l UPS	<input type="checkbox"/> Loading Dock	<input type="checkbox"/> Pallet Jack	<input type="checkbox"/> Forklift
<input type="checkbox"/> Liftgate Required	<input type="checkbox"/> Bundlewrap	<input type="checkbox"/> LTL Call for Apt		<input type="checkbox"/> CPU (Cust Pick-Up)	<input type="checkbox"/> UPS 2DA							

Notes: _____ Order Pc. Count: _____ 0

Signature: _____ Date: _____ © 2015-2 Northern Contours