

Bench Top Order Form

Company / Customer:

Address:

Phone: Fax:

Ref. / Order No.: Completed by:







Date Ordered: Date Required:

QUOTE

ORDER

Timber: Thickness: Join Plan attached

Edge Profile (please tick the edge profile you require):

| | | | | | |
|---|--|---|---|---|--------------------------------|
| <input type="checkbox"/> Square | <input type="checkbox"/> Pencil Round | <input type="checkbox"/> 90° | <input type="checkbox"/> 180° | <input type="checkbox"/> Stepped Pencil | <input type="checkbox"/> Other |
|  | <input type="checkbox"/> 3mm  <input type="checkbox"/> 6mm  |  |  |  | |

Top & Bottom Top Only Bottom Only

Finish:

- Raw
- 30% Satin 60% Semi-gloss Full Gloss Other
- Stain Match Sample Provided

◀ **Total Number of Items**

Delivery **Pick-up**

OFFICE USE ONLY

Date Entered:

Invoice Number:

Please note: If a change needs to be made, please notify us ASAP. A fee may be incurred if the job has commenced.