



CUSTOM VANITY ORDER FORM

To make life easy, fill this form in with your customer.

Email to: sales.usa@timberlinebp.com

STORE DETAILS

Company Name:	Completed by:
Purchase Order No:	Date:

CUSTOMER DETAILS

Customer Name:	Customer Contact No:
Customer Signature:	

VANITY

WIDTH			DEPTH		
HEIGHT			RANGE BASED OFF (IF APPLICABLE)		
TOP			TOP COLOR		
SilkSurface	Stone	Supplying Own			
CABINET COLOR			CABINET FRONT UPGRADE (IF APPLICABLE)		
MOUNT					
Wall Hung	Floor Standing	Legs			
DRAWER LOCATION			FILLERS REQUIRED		
Left	Right	Not Applicable	0	1	2

SINKS

SINK TYPE		SINK COLOR	
SINGLE/DOUBLE SINK		SINK LOCATION	
Single	Double		

HANDLES

HANDLE TYPE	HANDLE COLOR	HANDLE SIZE

TAPS

TAPHOLES REQUIRED			TAPHOLE POSITION		
0	1	3			

LEGS

LEG TYPE	LEG COLOR

OPTIONAL EXTRAS

Check the pricelist pages to confirm available options. Please check your selection carefully as Timberline cannot be held responsible for incorrect choices.

MIRRORED CABINET

WIDTH		DEPTH	
HEIGHT		RANGE BASED OFF (IF APPLICABLE)	
CABINET COLOR		RECESS OPTIONS	
HINGE SIDE (IF APPLICABLE)		HANDLES	
		Fingerpull	Match Vanity
FILLERS REQUIRED			
0	1	2	

OPTIONAL EXTRAS

ADDITIONAL COMMENTS

PRODUCT SKETCH