



CABINET ORDER FORM

To make life easy, fill this form in with your customer. Please fill out each option to ensure all details are correct.

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

RANGE		WIDTH		
TOP STYLE				
Peak	Crest	Cambria with Above Counter Sink	Cambria with Undermount Sink	No Top
TOP COLOR		SINKS		
CABINET COLOR		MOUNT		
		Wall Hung	Floor Standing	
DRAWER SIDE (IF APPLICABLE)		LINEN CLOSET HINGE SIDE (IF APPLICABLE)		
Left-hand	Right-hand	Left-hand Hinge	Right-hand Hinge	
FAUCET HOLES				
No Tapholes	Single Hole	Centerset (4" O/C)	Widespread (8" O/C)	
TAPHOLE POSITION (IF APPLICABLE)		HANDLES/HARDWARE*		
HANDLE SIZE (IF APPLICABLE)		HANDLE COLOR		
OPTIONAL EXTRAS†				
ADDITIONAL COMMENTS				

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

*To mix and match colors, please specify how many of each style, size and color.

†Additional charges apply, please refer to pricelist.