Complete Kitchens or Cabinets Only

☐ Estimate Request ☐ Order Page _____ of _____

1925 S. Rosemary Street, Suite C Denver, CO 80231
303.751.2254 office 303.374.8282 fax

Shipping Information

Company Name: | Phone Number:

First & Last Name: | Fax Number:

Address: | Email Address:

City, State, Zip: | Alternate Number:

Comments & Special Requests:

Qty.	Box Part #	Box Dimensions			# of Shelves	# of Drawers	# of Doors	Door Direction Hzt/Vrt	Door Type	Door Finish	Door Insert Style or Edge Style	Door Edging
		H	W	D								

Box Color: **Box Edge:** **Thickness:** 3/4"

Specialty Hardware:

Handles & Knobs:

Toe Kicks: ☐ 4 inch ☐ 6 inch Custom Size: **Toe Kick Finish:** ☐ Stainless Steel ☐ Aluminum ☐ Match Box **Backsplash:**

You must print and sign this form before faxing it
Unsigned forms will not be processed.

IDS Rep Use Only

Customer Signature Date