

ORDER DETAILS

Company Name		P.O. Name		P.O. Date		Ship Date	
Billing Address				Shipping Address			
City	Province	Postal Code	City	Province	Postal Code		
Contact Person				Phone			

MATERIAL SPECIFICATIONS

Box Material	Edge Banding	Hardware / Special Notes
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CABINET SPECIFICATIONS

NO	QTY	CABINET CODE / DESCRIPTION	WIDTH	HEIGHT	DEPTH	BANDING	COMMENTS
1							
2							
3							
4							
5							
6							
7							
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