

Customer Name	
Mailing Address	
City, State, Zip	
Phone	Fax

Drawer Box Order Form

Purchase Order #_____

E-mail: info@hilandwoodproducts.com Custom Molding & Cabinet Doors Web: www.hilandwoodproducts.com Job Name								
Customer Name						Customer Name		
Mailing Address						Street Address		
City, State, Zip						City, State, Zip		
Phone			Fax			Phone	Fax	
							et : 10	
Date Ordered	rdered Ordered By					Ship Via		
Select Options:	Unassemble (No plywood b		n, no finish.)	Asse Species		n 0.250" plywood bottom. If assembled, specify plywood species.) Specify \square Unfinished or \square Finished Clear		
Desc	ription	Qty	Height*	Width	Depth	Species	Details	
Remarks								

* Note: Height = height of front & back (sides are 0.125" lower) Width = width of front (including lip if lipped front)