

CABINET DOOR ORDER FORM

Elias Woodwork
 PH: 204-325-9962
 Toll Free: 800-665-0623
 FAX: 204-325-5617



List ID: _____ For Office Use Only: _____

Email: [orderdesk @ eliaswoodwork.com](mailto:orderdesk@eliaswoodwork.com)

Company Name: _____
 Contact Name: _____ PO#: _____
 Ship to: _____
 City: _____ State/Prov.: _____ Zip/PC: _____
 Phone: _____ Fax: _____

Quote Page: _____ of _____
 Order Date: _____
 Date Requested: _____

DOORS

Wood Grade: _____
 Specie: _____
 Prefinished: Yes No
 Colour: _____
 Glaze: Yes No
 Colour: Mocha Vanilla Licorice
 Hinge Drilling: No 1 hole 3 holes
(holes per hinge)
 Distance from Edge: _____
 Distance from Top/Bottom: _____
 Notes: _____

Stile & Rail Profile: _____
(For Tenon Doors Only)
 Panel Profile: _____
(For Tenon & Miter Doors)
 Edge Profile: _____
(For Tenon Doors Only)
 Miter Joint: Dowel Mortise & Tenon
(for Miter Doors Only)
 Applied Moulding Yes No
 Applied Moulding #: AM _____
 Spacing: 1 1/2" (default) 3" Other _____
(for Beaded & V-Groove Panels Only)

DRAWERFRONT OPTIONS

Edge Profile: _____
(If Different Than Above)
 Grain Direction: Vertical Horizontal
(Grain is always horizontal in slab drawer fronts)

DOORS

Qty	Style	Width	x	Height	Hinge Location	
					Left	Right
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

DRAWERFRONTS

Qty	Style	Width	x	Height

Additional Pages to Follow? Yes No

SERVICE LEVEL REQUESTED:

Urgent Express Priority Plus Optimum Advantage Economy

CABINET DOOR ORDER FORM

Elias Woodwork Cabinet Door Order Form

Page: _____ of _____

Company Name: _____

Contact Name: _____

Phone: _____

PO#: _____

Fax: _____

DOORS

Qty	Style	Width	x	Height	Hinge Location	
					Left	Right
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>
			x		<input type="checkbox"/>	<input type="checkbox"/>

DRAWERFRONTS

Qty	Style	Width	x	Height
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	
			x	

MULLION FRAMES

Qty	Style	Width	x	Height	Hinge Location		No. of Lites
					Left	Right	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	
			x		<input type="checkbox"/>	<input type="checkbox"/>	

Glass Retainer Moulding:

Yes No

Brown White Clear

Notes: _____
