



Email: sales@jpckitchens.net.au
 Fax: 02 9565 1510
 Phone: 02 9516 2121

CUT TO SIZE ORDER/QUOTE ENTRY FORM

Date:
 Customer Name:
 Project Name:
 Delivery Address:
 Phone:
 Email:
 Fax:

Room#:	Item No.:	Part Name/Description	Qty	Length/H eight	Width	MATERIAL	COLOUR/ SPECIES	Graining	Comment	Edging Length 1	Edging Length 2	Edging Width 1
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