

# ITEM QUOTATION REQUEST



Please complete this form to request a quote for a single item.

Fax (877)899-7606

Email [orders@greenfieldcabinetry.com](mailto:orders@greenfieldcabinetry.com)

Dealer	_____	Date	_____
Address	_____	P.O.#	_____
	_____	Designer/ Salesperson	_____
Shipping	_____	Customer	_____
	_____	Email	_____
Phone	_____		

Product Line	_____	Wall Door Style	_____	Hinge Type	_____
Overlay	_____	Base Door Style	_____		
Frame Profile	<input type="checkbox"/> Beaded <input type="checkbox"/> 1/8 RO <input type="checkbox"/> 1/16 RO				
Finish Type	_____	Finish Color	_____	Distressing	_____
Wood Specie	_____	Glaze Color	_____	Accent Color	_____
Item Description	_____				
Width	_____	Hinging	_____	Drawer Front 1 Style	_____
Height	_____	Finished Ends	_____	Drawer Front 2 Style	_____
Depth	_____	Drawer Box	_____		

## Additional Information

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

*Include sketch of item above or attach detailed drawing.*

Quoted By	_____	Date	_____	Item List Price \$	_____
Quote #	_____				

**QUOTES ARE VALID FOR 120 DAYS**  
**Please submit this completed form with your order.**