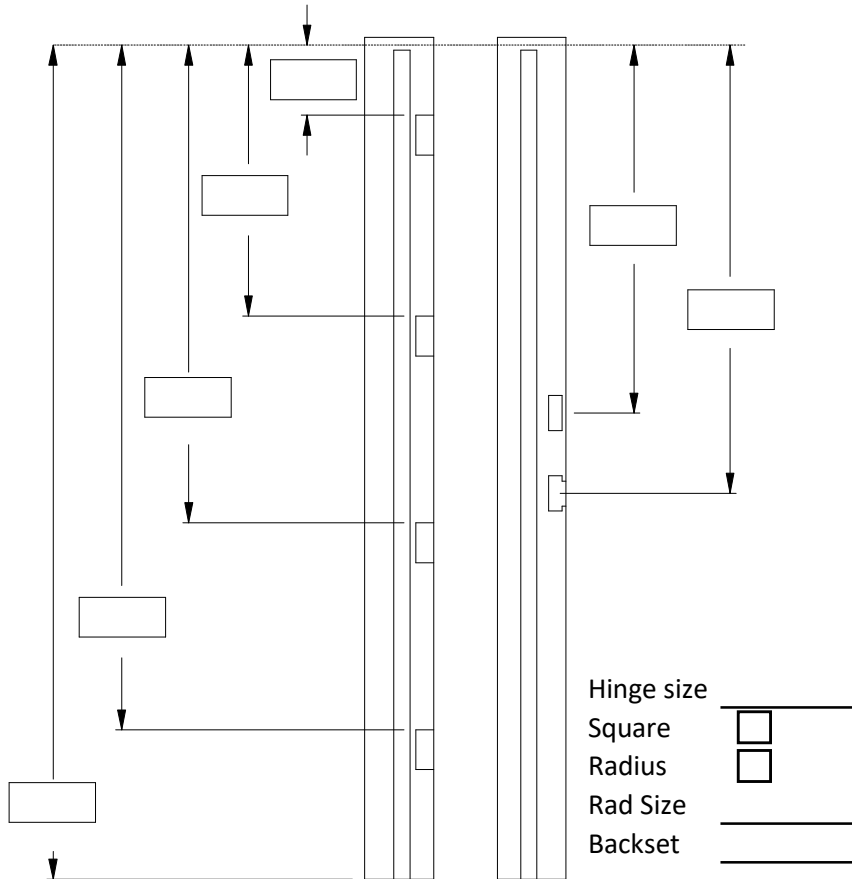


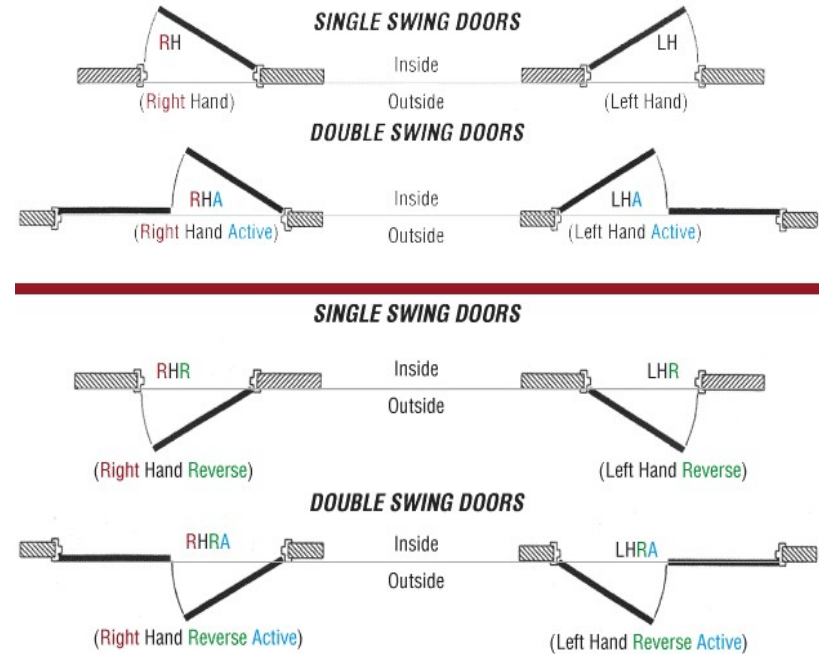


Customer _____	Phone _____	Contact _____
Customer Signature _____	Order # _____	Date _____

all dimensions from Head NOT top of door



Hinge size _____
 Square
 Radius
 Rad Size _____
 Backset _____



Prefinishing		Paint <input type="checkbox"/>
yes <input type="checkbox"/>	no <input type="checkbox"/>	Clear <input type="checkbox"/>
		Stain <input type="checkbox"/>
Raw <input type="checkbox"/>		Paint/Stain/Sample # _____
Primed <input type="checkbox"/>		

Opening Number	Qty	Opening Size	Jamb Depth	Handing	Sngl	Pair	Rating	Specie	Single Rab.	DBL Rab	Notes

