

66 MARY ST. W., P.O. BOX 1
LINDSAY, ONTARIO
K9V 2N6

CUTTING EDGE

C O U N T E R T O P S

Toll Free: 1-800-572-0091
Ph: 705-878-8462
Fax: 705-878-9744

OFFICE USE ONLY

Work Order No.

P.O. No.

SOLD TO: _____

DATE: _____

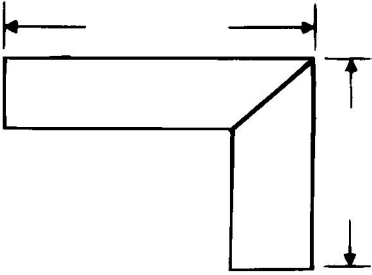
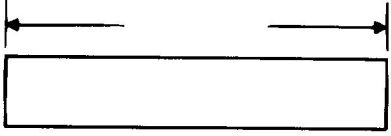
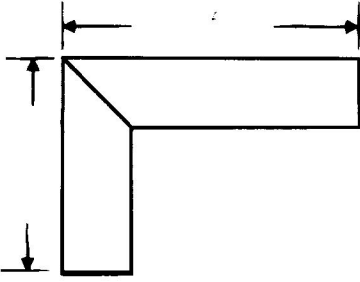
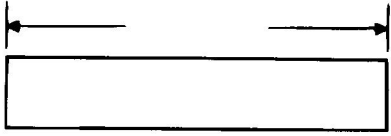
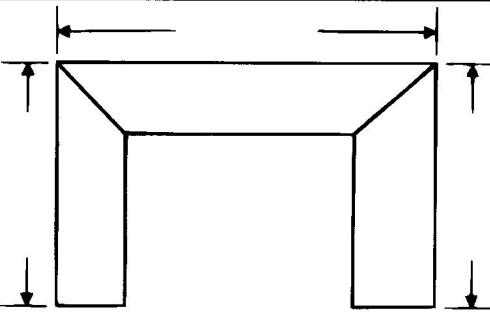
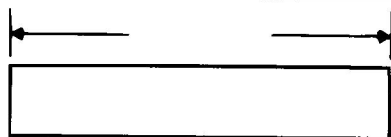
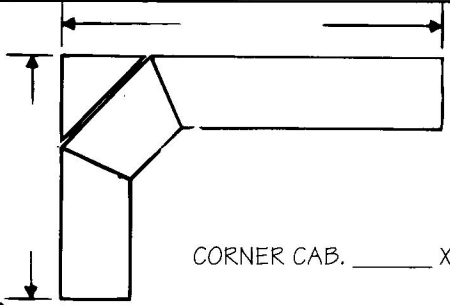
REQ. DATE: _____

P.O. NO.: _____

SHIP TO: _____

TAG: _____

SALESPERSON: _____

COLOUR NO.	NAME	COLOUR NO.	NAME
PROFILE	FINISH	PROFILE	FINISH
1		4	
BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>		BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>	
COLOUR NO.	NAME	COLOUR NO.	NAME
PROFILE	FINISH	PROFILE	FINISH
2		5	
BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>		BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>	
COLOUR NO.	NAME	COLOUR NO.	NAME
PROFILE	FINISH	PROFILE	FINISH
3		6	
BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>		BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>	
COLOUR NO.	NAME	COLOUR NO.	NAME
PROFILE	FINISH	PROFILE	FINISH
7			
BUILT-UP Y <input type="checkbox"/> N <input type="checkbox"/>		CORNER CAB. _____ X _____	
		SHELF: INSET OR TOP MOUNT	

SYMBOLS: STANDARD KITCHEN TOP (25 1/2") **O** STANDARD VANITY TOP (23 1/4") **Δ** STANDARD BAR TOP **8**

C/C - CLEAN CUT **F** - FINISHED END **RC** - RADIUS CORNER **FC** - FINISHED PROFILE **ES** - ENDSPLASH

I understand that I am responsible for my measurements and that the supplier cannot be held responsible for any errors in measuring and colour / profile information.

Signature _____