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ORDER/FAX FORM

Date: _____

Pages being sent: _____

**Phone orders are clearly read back.
Any corrections must be made at that time.**

**S=single PR=pair DF=drawer front
All doors ordered as pairs will have width divided by two.**

Customer Name: _____	QTY	S/P DF	WIDTH	HEIGHT	SPECIAL	SQFT
Address: _____	1					
City: _____ State: _____ Zip: _____	2					
Telephone: _____	3					
Ordered By: _____	4					
Job Name/PO# _____	5					
Door Name: _____ <input type="checkbox"/> 3/4 <input type="checkbox"/> 7/8	6					
Style & Rail Size: _____	7					
Drawer Style: _____	8					
<input type="checkbox"/> Standard (solid) <input type="checkbox"/> Routed <input type="checkbox"/> Five Piece	9					
Material Type: _____	10					
Outside Edge Detail: _____	11					
Opening Size: <input type="checkbox"/> _____	12					
Full Size: <input type="checkbox"/> _____	13					
Delivery: _____	14					
<input type="checkbox"/> Out Truck <input type="checkbox"/> Will Call <input type="checkbox"/> UPS	15					
Special Instructions: _____	16					
_____	17					
_____	18					
_____	19					
_____	20					
_____	21					
_____	22					
_____	23					
_____	24					
_____	25					
_____	26					
_____	27					
I hereby authorize this order to be processed and manufactured by PKD. And agreed with all prices and terms from the current price list. This order cannot be cancelled after order has begun.	28					
Signature: _____ Date: _____	29					
	30					