DATE _____ ORDER FORM P.O. _____

LancasterMaid
CABINETS, INC.

P.O. Box 251
Reinholds, PA 17569-0251
Phone: (717) 336-0111
FAX: (717) 336-0404

From:

Job Reference Name: _____

SPECIFICATIONS

FRONT SPECIE:	DOOR DESIGN:		HINGE TYPE:
FINISH:	DOOR HARDWARE:	DRAWER HARDWARE:	DRAWER DESIGN:

QUANTITY	DESCRIPTION	HINGE L/R	AMOUNT