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