51149 Whitetail Road Osseo, WI 54758 Website: www.sourcecut.com



Office: (715) -597-6525 Fax: (715) - 597 -6625

Drawer Box Order Form

Company Name:							PO #:					
Contact Name:							PO Due Date:					
Address:							Ship to Address:					
Cit	City: ST.: Zip:						City:		ST.:		Zip:	
Pho	Phone: Email:						Ship via:					
Ту	pe of Joine	ery:										
Dra	Drawer Side											
	Material Type: Drawer Bottom Material Type							Thickness:				
(M	aple Ply, h	ardboard, e						Thickness:				
(CI	Finish Type (Clear coat, unfinished, stain, etc.):							Bottom Finish:				
Edg (Bu	ge Detail ıllnose, flat	t, etc):										
Ξ	1	I		1								
ine:	QTY:	Width:	Heigh	t: Depth:			NOTE	S:				
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	Send	l to conta	act@s	ourcecut.co	om and one of o	our a	ccount managers	will be	in touc	h. T	hank You	!