

PANEL LAYUP FORM

Order Quote Lead Time Request

10330 Elm Ave Fontana CA 92337	909.357.7730
5625 Arville St. STE C-D Las Vegas NV 89118	702.430.3433
4110 W Washington St. STE 200 Phoenix AZ 85009	623.936.2627

Order Date: _____
 Date Required: _____
 Acct Name: _____
 ACCT #: _____
 Phone: _____
 Sales Rep: _____

Buyers Signature: _____
 Contact name: _____
 Ship Via: Our Truck Will Call Other
 May we ship early? Yes No Partial Accepted?
 PO #: _____

** By signing this form, I state that I have reviewed this order for quantity, size, color, product, and all other specifications. I understand that this order is not cancellable except for defects or production errors.

Laminate	Thickness	Backer
N - Nevamar P - Pionite F - Formica O - Other	V - Vertical PF - Post Forming S - Standard	G - Gatorply PH - Phenolic CL - Cabinet Liner O - Other

Item	QTY	THK	Part Number Width x Length	Core Material	Side 1 - FACE	Side 2 - BACK	SQFT Price	Instructions
					Brand/ Grade / Name	Brand/ Grade / Name		
1					N P F O V PF S G PH CL O	N P F O V PF S G PH CL O		
2					N P F O V PF S G PH CL O	N P F O V PF S G PH CL O		
3					N P F O V PF S G PH CL O	N P F O V PF S G PH CL O		
4					N P F O V PF S G PH CL O	N P F O V PF S G PH CL O		
5					N P F O V PF S G PH CL O	N P F O V PF S G PH CL O		
6					N P F O V PF S G PH CL O	N P F O V PF S G PH CL O		

ORDER COMMENTS:

Sub Total _____
 Handling Charge _____
 Tax _____
 Total _____