

Fabrication Form — Seasons® Cabinets

F/	AX COMPLETED	ORDER FORM TO 1.866.455.890	3 OR EMAIL TO FMFAE	BRICATIONS@I	HDSUPPLY.COM
EQUES	TTYPE: QUOT	E 🗆 ORDER			
			SHIP TO (Property Nar	ne)	
ACCOUNT NUMBER		ORDER DATE	SHIPPING ADDRESS		
			CITY		PHONE
URCHASER NAME		PO NUMBER	STATE		ZIP
		SALES REP PHONE NUMBER	SOURCE CODE:		1
					J
END O	RDER CONFIRMATI	ON TO: NAME:	FAX/EM	AIL:	
		SEASONS® CABINET A	SSEMBLY INFORMATION		
1. Ente 2. Ente	·	ets needed. f the cabinet requested.	Indicate if the cabinets a Include comments where will require a left or right	needed. Blind ba	se cabinets
QTY	PART #	DESCRIPTION		COMMENTS	ASSEMBLED Y/N
					<u> </u>
					1
					1
CCESSO					
QTY	PART #	DESCRIPTION		COMMENTS	ASSEMBLED Y/N
returna	able. Any additional	nts and lead times, Seasons cabinet o charges for changing sizes or quantities	after the initial order is plac	l and cabinets a	nd accessories are no new worksheet, and a
		reated. By signing below, you agree to th			
ACCEP	PTED BY:	nts shown above before signing this order		TE:	