

# CUSTOM VANITY ORDER FORM



# Timberline

Fax to: 02 6773 8555 Email To: sales@timberline.com.au

To make life easy, fill this form in with your customer.

## STORE DETAILS

Company Name: ..... Completed by: .....  
Purchase Order No: ..... Quote No: ..... Date: .....

## CUSTOMER DETAILS

Customer Name: ..... Customer Contact No: .....  
Customer Signature: .....

## VANITY DETAILS

Overall Length: ..... Top Colour: .....  
Overall Width: ..... Cabinet Colour: .....  
Overall Height: ..... Cabinet Fronts Colour: .....  
Wall Hung / Floor Standing / On Legs (please circle) Drawers on: Left / Right (please circle)  
Silver, Gold or Platinum: ..... Fillers Required: | 0 | 1 | 2 |  
(please circle)

## BASINS

Basin Type: ..... Single/Double Basin: ..... Basin Position: .....  
Basin Colour: .....

## HANDLES

Handle Type: ..... Handle Colour: .....  
Handle Size: .....

## TAPS

Tap Holes: ..... Tap Position: .....

## VANITY SKETCH