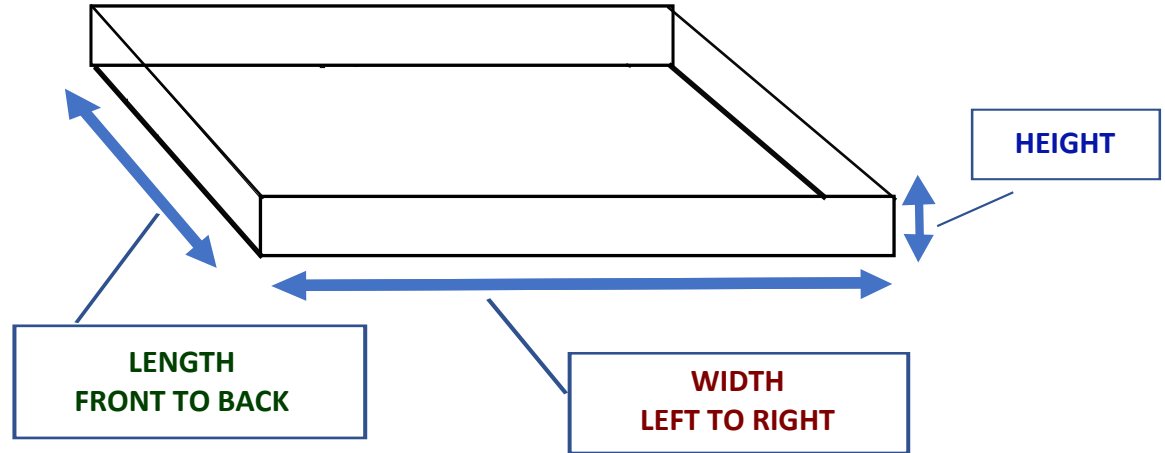


CUSTOM CABINET DRAWER BOX FORM



CUSTOMER #: _____ CONTACT NAME: _____
 PROPERTY NAME: _____ PHONE: _____ DATE: _____
 ADDRESS: _____ PO#: _____
 CITY, ST, ZIP: _____ EMAIL: _____ UNIT#: _____

| DRAWER BOXES | | | | |
|--------------|-------|--------|--------|-----|
| | WIDTH | LENGTH | HEIGHT | QTY |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |



Note: OUTSIDE MEASUREMENTS ONLY

EMAIL: CABINETORDERS@CHADWELLSUPPLY.COM

THE MEASUREMENTS AND INFORMATION PROVIDED HAVE BEEN VERIFIED TO BE ACCURATE AND COMPLETE. I UNDERSTAND THAT BY SIGNING, I TAKE FULL RESPONSIBILITY FOR THE TOTAL MONETARY VALUE OF THIS ORDER. **I ALSO UNDERSTAND THAT THIS IS CUSTOM, MADE-TO-ORDER AND CANNOT BE CANCELLED, RETURNED OR REFUSED ONCE PLACED.**

CHADWELL REPRESENTATIVE SIGNATURE: _____ DATE: _____
 CHADWELL REPRESENTATIVE NAME (PRINT): _____
 PROPERTY REPRESENTATIVE SIGNATURE: _____ DATE: _____
 PROPERTY REPRESENTATIVE NAME (PRINT): _____

FOR AN ORDER TO BE PLACED; BOTH PARTIES MUST SIGN THAT THEY HAVE VERIFIED AND AGREE THE INFORMATION CONTAINED IS ACCURATE AND COMPLETE.