



4709 Interstate Drive.
 West Chester, OH 45246
 Office: 513-883-1317 Fax: 513-795-6272 Email: orders@cmsscincy.com

Vanity Top Order Sheet

Date: _____ Customer _____

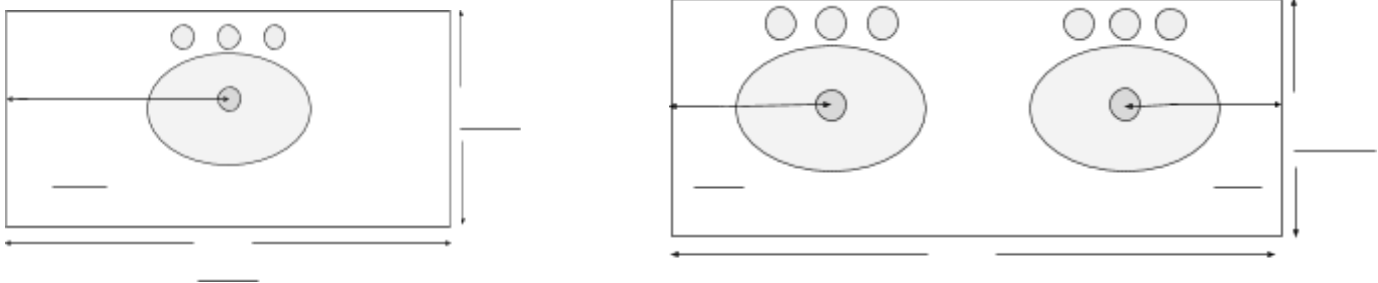
Billing Address: _____

Phone: _____ Email: _____ Fax: _____

Delivery Address: _____

Delivery Contact: _____ Delivery Phone Number: _____

PO# _____ Job Name: _____ Due Date: _____



Length: _____ Depth: _____ Finish: Gloss Matte
 Backsplash: Attached Loose None Length: _____ Height: _____
 Deck color: _____ Deck type: Flat

Bowl type: _____ Bowl color: _____ Number of bowls: _____

Finished end: Left Right Both None
 Side splash: Left Right Both None
 Faucet hole: Single hole 4" 6" 8" None
 Edge profile: _____ Edge thickness: 3/4" 1 1/2"

Notes _____

Sample color may vary by shade and veining due to the nature of the product, all measurements should be double checked and confirmed before placing your order. We cannot be held responsible for incorrect measurements.

For CMS use only

Sched. for production date: _____ Expected Completion Date: _____ Sheet: _____ of _____

Estimate / Job #: _____ Set up by: _____ Inspected / boxed by: _____