

709 Interstate Drive.  
 West Chester, OH 45246  
 Office: 513-883-1317 Fax: 513-795-6272 Email: [orders@cmscincy.com](mailto:orders@cmscincy.com)

**Accessory order sheet**

Date: \_\_\_\_\_ Customer \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

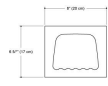
Delivery Address: \_\_\_\_\_

Delivery Contact: \_\_\_\_\_ Delivery Phone Number: \_\_\_\_\_

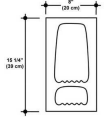
PO# \_\_\_\_\_ Job Name: \_\_\_\_\_

Color: \_\_\_\_\_ Finish: Gloss Matte Due Date \_\_\_\_\_

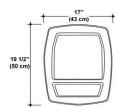
Recessed soap only holder \_\_\_\_\_



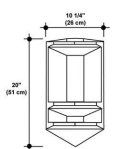
Recessed soap and shampoo holder \_\_\_\_\_



Deluxe Recessed soap and shampoo holder \_\_\_\_\_



Large Corner Caddy \_\_\_\_\_

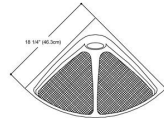


Corner Shelf: \_\_\_\_\_ QTY. 7" 8" 9"

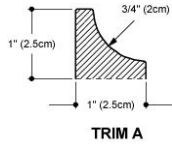
Circle desired size



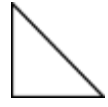
Corner Seat \_\_\_\_\_



Inside Corner Trim \_\_\_\_\_



4" Shave / foot shelf: \_\_\_\_\_



Elongated Toilet Slab \_\_\_\_\_

Standard Toilet Slab \_\_\_\_\_

For CMS use only

Sched. for production date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_ Sheet: \_\_\_\_\_ of \_\_\_\_\_

Estimate / Job #: \_\_\_\_\_ Set up by: \_\_\_\_\_ Inspected / boxed by: \_\_\_\_\_

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Sched. for production date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_ Sheet: \_\_\_\_ of \_\_\_\_\_

Estimate / Job #: \_\_\_\_\_ Set up by: \_\_\_\_\_ Inspected / boxed by: \_\_\_\_\_