



## CUSTOM VANITY ORDER FORM

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

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

### STORE DETAILS

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

### CUSTOMER DETAILS

Customer Name:	Customer Contact No:
Customer Signature:	

### VANITY

<b>WIDTH</b>		<b>DEPTH</b>			
<b>HEIGHT</b>		<b>RANGE BASED OFF (IF APPLICABLE)</b>			
<b>TOP</b>		<b>TOP COLOUR</b>			
SilkSurface	Supplying Own				
<b>CABINET COLOUR</b>		<b>CABINET FRONT UPGRADE (IF APPLICABLE)</b>			
<b>MOUNT</b>		<b>INCLUSION</b>			
Wall Hung	Floor Standing	Legs	Silver	Gold	Platinum
<b>DRAWER LOCATION</b>		<b>FILLERS REQUIRED</b>			
Left	Right	Not Applicable	0	1	2

### BASINS

<b>BASIN TYPE</b>		<b>BASIN COLOUR</b>			
<b>SINGLE/DOUBLE BASIN</b>		<b>BASIN LOCATION</b>			
Single	Double				

### HANDLES

<b>HANDLE TYPE</b>	<b>HANDLE COLOUR</b>	<b>HANDLE SIZE</b>

### TAPS

<b>TAPHOLES REQUIRED</b>			<b>TAPHOLE POSITION</b>		
0	1	3			

### LEGS

<b>LEG TYPE</b>	<b>LEG COLOUR</b>

### OPTIONAL EXTRAS

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## SHAVING CABINET

WIDTH		DEPTH		
HEIGHT		RANGE BASED OFF (IF APPLICABLE)		
CABINET COLOUR		RECESS OPTIONS		
HINGE SIDE (IF APPLICABLE)		HANDLES		
		Fingerpull	Match Vanity	
FILLERS REQUIRED		INCLUSION		
0	1	2	Gold	Platinum

<b>OPTIONAL EXTRAS</b>

<b>ADDITIONAL COMMENTS</b>

## PRODUCT SKETCH

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