



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

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

BASINS

BASIN TYPE		BASIN COLOUR	
SINGLE/DOUBLE BASIN		BASIN LOCATION	
Single	Double		

HANDLES

HANDLE TYPE	HANDLE COLOUR	HANDLE SIZE

TAPS

TAPHOLES REQUIRED			TAPHOLE POSITION	
0	1	3		

LEGS

LEG TYPE	LEG COLOUR

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

OPTIONAL EXTRAS

ADDITIONAL COMMENTS

PRODUCT SKETCH

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