

PO# _____ SHIP VIA _____

TAG _____ DATE _____

RUSH ORDER YES _____ NO _____ **DISPLAY ORDER** YES _____ NO _____
(15% of order or \$25 - whichever is greater)

SHIP TO _____	ACCOUNT # _____
CONTACT NAME _____	PHONE _____ FAX _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____

ORDER FORM: STANDARD VANITY TOPS

1. SIZE: _____ length x _____ depth **2. QUANTITY:** _____

3. DECK COLOR: _____ **COLOR#:** _____

4. DECK FINISH: Gloss (standard) Satin/Matte (upcharge)

5. EDGE TREATMENT: Choose one thickness
 3/4" standard 1 1/2" (22" deep with integral backsplash only)

6. LAV BASIN COLOR: _____ **COLOR#:** _____

7. LAV BASIN FINISH: Gloss (standard) Satin/Matte (upcharge)

8. LAV BASIN STYLE:
 Seamless: Choose one
 O23 O20 O14 AU NL SH M400
 Drip Ring: Choose one with drip ring without drip ring (not available for 014)
 Overflow: Optional with overflow

9. DRILL: Choose one 4" 8" Single 6" 10" None
 6" Contour 8" Contour 10" Contour
 12" Contour Special: _____

10. BACKSPLASH: Choose one
 Integral: 2 3/4" on 17" depth Integral: 4" on 19" & 22" depth

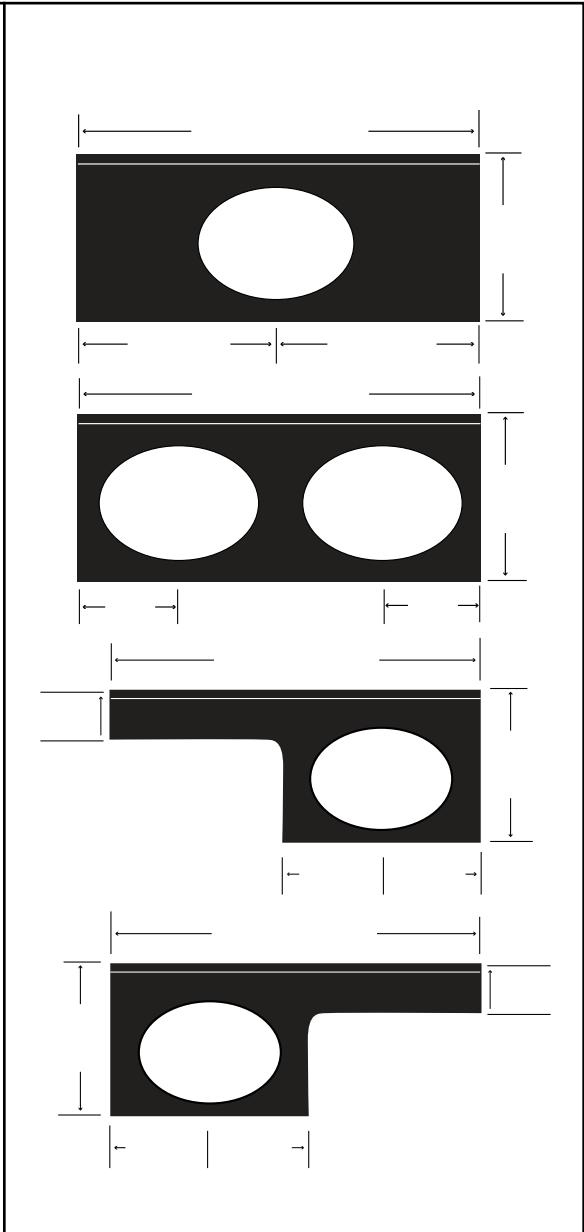
11. SIDESPLASHES (detached): Optional
 Left Right None Standard Special

12. EDGE STYLE: Choose one if top is 1 1/2"
 Thick Radius (1/4" radius) Bevel (1/4" bevel) Ogee

13. EDGE PLACEMENT: Select all that apply Front Back Left Right

14. APRONS: Optional Attached Integral _____" height (12" max)
 If attached integral, choose one: Flush Reveal Setback
 Detached _____" height (12" max)
 Apron placement: Front Back Left Right

NOTES: (i.e. Plywood)



By signing below I certify: I am authorized to place this order. This document will be accepted by my organization as a valid Purchase Order. I acknowledge the material, models, quantities, colors and prices quoted are accepted. All orders subject to approval by Financial Services Department. Subject to Terms and Conditions of InPro Corporation. Shipping charges are based on one shipment from original quote. Any deviation in shipment per customer request will result in additional shipping charges. In cases of requested partial shipments - additional shipping charges will apply.

AUTHORIZED SIGNATURE _____

PRINTED NAME _____ TITLE _____ DATE _____

IPC.752/REV.6