



JOB No.	
Office use only	

**XTREME DOORS**  
 70-74 Jardine Street Fairy Meadow NSW 2519  
 P: (02) 4285 9361 F: (02) 4285 9305  
 E-mail: sales@xtremedoors.com.au

Customer Details		Order Details			
Name: _____		Customer Order Reference:			
Address: _____		<table border="1"> <tr> <td style="text-align: center;"><b>QUOTE</b> <input type="checkbox"/></td> <td style="text-align: center;"><b>ORDER</b> <input type="checkbox"/></td> </tr> </table>		<b>QUOTE</b> <input type="checkbox"/>	<b>ORDER</b> <input type="checkbox"/>
<b>QUOTE</b> <input type="checkbox"/>	<b>ORDER</b> <input type="checkbox"/>				
State: _____					
Contact: _____		Date Ordered: _____			
Phone: _____ Fax: _____		Date Required: _____			

	<b>SQUARE EDGE</b> <input type="checkbox"/>	<b>SHARKFIN</b> <input type="checkbox"/>	<b>PHOENIX</b> <input type="checkbox"/>	<b>PHANTOM</b> <input type="checkbox"/>
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Stylelite Solid & Velvet Colours				Stylelite Metals & Woodgrains				Stylelite MPB			
Arctic		Frost		Arctic Velvet		Champayne		Electric		Arctic	
Alabaster		Mocha		Alabaster Velvet		Graphite		Lavato Oak		Ash	
Ash		Ruby		Ash Velvet		Galactic		Sienna Teak		Espresso	
Carbon		Sand		Carbon Velvet		Pearl		Tierra Elm		Graphite	
Espresso		Sierra		Slate Velvet		Quartz				Mocha	
Fossil		Slate				Silver				Sand	
						Vintage Pearl				Slate	

**Other Colour:** \_\_\_\_\_

**Grain Direction ( If applicable):** \_\_\_\_\_

Please note. Indicate all visible edges and handle locations by ticking the appropriate L R T B box (Left, Right, Top, Bottom)

No.	Qty	Height (mm) Min.50mm	Width (mm) Min.50mm	Square Edges Required					Handle Location Required				Description/Notes Example. Door/Drawer/Panel	
				L	R	T	B	ALL	L	R	T	B		
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02														
03														
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