

QUOTE Request Order

Date: _____

Company Name _____

Phone _____

OHARCO Account # _____

Fax _____

Contact Name _____

E-mail _____

Ship Via: OHARCO Truck Will Call Other: _____ Date Needed _____



Special/Shipping Instructions

Phone: 800.228.9460
 Fax: 888.808.5575
 E-mail: oharcopanel@oharco.com

QTY	Width x Length	Core		Face			Back				✓ to stack face down	Additional Instructions, Special Core Type, Price
		Thickness	Type*	Manufacturer	Grade**	Color Name, # & Finish	Material ***	Manufacturer	Grade** <i>If using laminate</i>	Color Name, # & Finish		

* Core Type:
 P-Particle Board
 M-MDF
 S-Special—(Designate in additional instructions)

** Grade:
 V-Vertical
 PF-Postforming
 S-Standard
 W-Wood Veneer

***Material:
 L-Laminate
 B-Brown Backer
 H-Heavy Brown Backer
 C-Cabinet Liner (Specify Color—Almond, White or Black)

** Grade:
 V-Vertical
 PF-Postforming
 S-Standard
 W-Wood Veneer

Signature _____ Date _____ PO # _____ Job Name _____

Prices on quotes good for 30 days unless noted. **Please Note: All orders are custom made to your specifications. Once approved orders cannot be canceled, changed or returned for credit.** _____ please initial