



SCHROCK TRADEMARK CABINET CHECK LIST

FAX or EMAIL form to:
 FAX 800-362-1737
 cabinets@colepapers.com

DATE _____

PROJECT INFORMATION	
Dealer Name	
Requested By	
Dealer Phone	
Dealer Email	
Customer/Project Name	
Dealer PO	

APPLIANCE INFORMATION		
Appliance	Specifications/Model #	Dimensions
Refrigerator		
Range		
Range hood		
Dishwasher		
Microwave		
Cooktop		
Wall oven		
Trash compactor		

CABINET INFORMATION	
Door Style	Overlay (select door styles) FULL MFO
Wood Species	
Color/Glaze	
Hinge Option	
Integrated soft close (Standard)	
Drawer Option	
Dove-tail/Soft close (Standard)	
Drawer Front	
Slab	5-Piece (select door styles)
Roll-Out-Trays	
Wood/ Soft close (Standard)	
Toe Kick	
Laminate	Wood
Crown Molding	
Box Construction	
1/2" laminate furniture board (Standard)	LE
1/2" plywood ends (exposed ends finished)	PE/FB
1/2" all plywood const. (exposed ends finished)	APC/FB
3/4" furniture finished plywood ends (flush)	FPEB
Overall Ceiling Height	Wall Cabinet Height

SINK	
Single Apron	Double Under mount

NOTES		
Add Touch Up Kit	YES	NO
Estimated Cabinet Budget		\$ _____

100% DEPOSIT required for ALL Cabinet Orders

_____	_____
Customer Signature	Dealer Signature
_____	_____
Customer Name (Print)	Dealer Name (Print)

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