



81-101 Indio Blvd., D-20
Indio, California 92201
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THERMOFOIL ORDER FORM

Office: 760.775.1959

Fax: 760.775.1980

FIRM ORDER

QUOTE ONLY

CUSTOMER PO#	DATE	INVOICE #	PAGE OF PAGES
COMPANY	JOB NAME		ORDERED BY
ADDRESS	CITY, STATE, ZIP		
PHONE	FAX		

PLEASE USE PEN ONLY

DOORS:
MAXIMUM DOOR HEIGHT 72"
NOTE: Net size only (singles). All doors 50"+ automatically made double panel unless specified single. Metric or fractions OK.

DOOR STYLE & ROUTE#: _____

EDGE DETAIL: A B C D E F G H K

MDF DOOR: Raw back White back

OPTIONAL BACKS AVAILABLE: (White back is standard.)
Please specify _____
(See price list for colors)

FOIL COLOR:

#	QTY	WIDTH	HEIGHT	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

MOULDINGS

	MOULDING#	FOIL COLOR	# OF PIECES	COMMENTS
38				
39				
40				

OTHER/SPECIAL INSTRUCTIONS

DRAWER FRONTS (DFs)
Routed DFs 1" Top & Bottom Rails
6" min. height needed to route.

DFs ROUTE #: _____

EDGE DETAIL: A B C D E F G H K

FOIL COLOR:
 VERTICAL GRAIN (horizontal grain standard)

#	QTY	WIDTH	HEIGHT	COMMENTS
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

GLASS & FRENCH LITE DOORS

DOOR STYLE & ROUTE#: _____

EDGE DETAIL: A B C D E F G H K

FOIL COLOR:

#	QTY	WIDTH	HEIGHT	# OF LITES	COMMENTS
32					
33					
34					
35					

VALANCES

STYLE: _____ **COLOR:** _____

#	QTY	WIDTH	COMMENTS
36			
37			

FINGER PULLS

4"

FP-4

SPECIFY:
Top Right (TR)
Top Left (TL)
Bottom Right (BR)
Bottom Left (BL)

2" 2"

FP-2

SPECIFY:
 Top
 Bottom
 Top & Bottom

CUSTOMER SIGNATURE _____ DATE _____

NOTE: Customer signature indicates that this order, once placed, cannot be canceled or returned to the factory.