SHIP DATE: _____

Star Case Design Order/Quote Form

TODAY'S DATE: _____ BY WAY OF: _____

BILL TO:

CUSTOMER CODE: _____ P.O. #: _____

BILL TO: _____

ATTENTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: ( ) _____ FAX #: ( ) _____

SHIP TO:

CUSTOMER CODE: _____ P.O. #: _____

SHIP TO: _____

ATTENTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: ( ) _____ FAX #: ( ) _____

CASE TYPE *(construction):* _____ ***CASE STYLE:*** _____

CASE INTERIOR OPTIONS:

INTERIOR TYPE: _____

RACK OPTIONS: _____

CASTERS: _____

STENCIL: _____

CASE EXTERIOR OPTIONS:

LOCKS: _____

OTHER: _____

COLORS: (circle one)

BLUE	BLACK	LT. GRAY	DK. GRAY	WHITE
RED	YELLOW	ORANGE	BORDEAUX	GREEN

SHOW EXACT DIMENSIONS OF EACH ITEM AS IT WILL BE PLACED IN THE CASE.

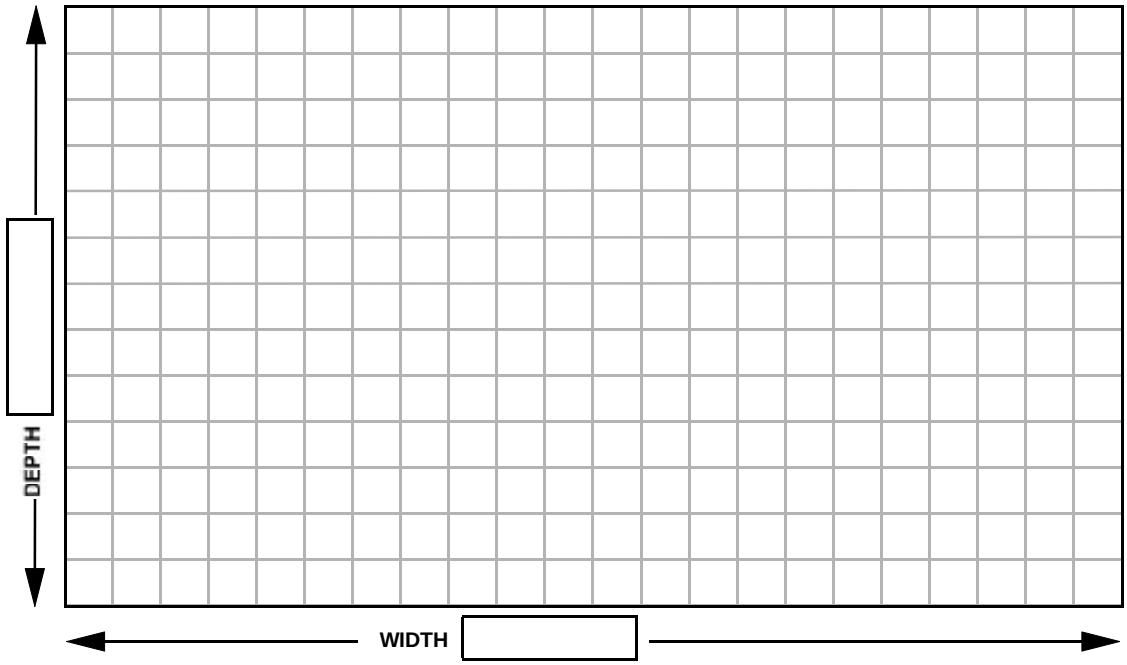
NOTE: If spec. sheet dimensions are shown, please provide a (*) in the column provided.

CASE INTERIOR:

QTY.		L-R (width)		F-B (depth)		T-B (height)	*	MANUFACTURER:	MODEL:	DESCRIPTION:	WEIGHT:
___	A	___	x	___	x	___	___				
___	B	___	x	___	x	___	___				
___	C	___	x	___	x	___	___				
___	D	___	x	___	x	___	___				
___	E	___	x	___	x	___	___				
___	F	___	x	___	x	___	___				

PLEASE ATTACH YOUR SKETCHES THAT MIGHT HELP US BETTER INTERPRET YOUR NEEDS:

HEIGHT: _____



APPROVALS:

PLEASE FILL OUT FORM CAREFULLY AND SIGN AND DATE BELOW

APPROVAL: _____ _____ _____

CUSTOMER SIGN OFF-OK to Proceed to Build | STAR CASE REPRESENTATIVE | DATE

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