



# LEVEL Order Form

Order  Quote Page \_\_\_ of \_\_\_

**Customer Service:**  
 Phone | 877-998-1814  
 Fax | 877-998-1810  
 orders@northerncontours.com

**Order Date:** \_\_\_\_\_  
**Ordered by:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Proj Name/Quote ID:** \_\_\_\_\_

**Cust ID:** \_\_\_\_\_  
**PO #:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Price Code:** \_\_\_\_\_

**ONE MATERIAL SELECTION PER ORDER FORM** Email: \_\_\_\_\_ Commercial:  Residential:

<b>BILL TO</b>				<b>SHIP TO</b>			
<b>ADDRESS</b>				<b>ADDRESS</b>			
<b>CITY</b>	<b>ST</b>	<b>ZIP</b>		<b>CITY</b>	<b>ST</b>	<b>ZIP</b>	

**Materials - See LEVEL Availability Chart for all options, write in face and edging selections or choose from drop-down menus**

<b>ACRYLIC &amp; METALLIC ACRYLICS</b>	<b>2DL &amp; 3DL THERMOFOIL</b>	<b>IMPRESSIONS TEXTURE</b>
Face: _____	Face: _____	Face: _____
Edgebanding: _____	Edgebanding: _____	Edgebanding: _____

<b>DOORS</b>				<input type="checkbox"/> VERTICAL GRAIN (STANDARD)	<input type="checkbox"/> HORIZONTAL GRAIN (limits maximum height to 47")		
QTY	WIDTH	HEIGHT	NOTES	QTY	WIDTH	HEIGHT	NOTES
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

<b>DRAWER FRONTS</b>				<input type="checkbox"/> VERTICAL GRAIN (STANDARD)	<input type="checkbox"/> HORIZONTAL GRAIN		
QTY	WIDTH	HEIGHT	NOTES	QTY	WIDTH	HEIGHT	NOTES
1				9			
2				10			
3				11			
4				12			
5				13			
6				14			
7				15			
8				16			

**ACCESSORIES** (PSA, Cut to Size Panels, Edgebanding, Raw Acrylic/Thermofoil, etc.)

**Cut to Size Panel GRAIN direction:**  VERTICAL (standard)  HORIZONTAL

QTY	ITEM DESCRIPTION	QTY	ITEM DESCRIPTION
1		5	
2		6	
3		7	
4		8	

<b>Hinge Boring</b> <input type="checkbox"/> HB 1 <input type="checkbox"/> HB 2 <input type="checkbox"/> Custom * * drawing required	<b>Preferred Shipping Method</b> <input type="checkbox"/> UPS Ground <input type="checkbox"/> Common Carrier <input type="checkbox"/> Pick up <input type="checkbox"/> Other: _____	<b>Receiving Capabilities</b> <input type="checkbox"/> Shipping Dock <input type="checkbox"/> Do Not Ship Early <input type="checkbox"/> Forklift <input type="checkbox"/> Pallet Jack	<b>Payment Method</b> <input type="checkbox"/> Prepay <input type="checkbox"/> Account <input type="checkbox"/> Credit Card
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**Notes:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_