



# MOLDED SHOWER TRIM

## ORDER FORM

Voice: 1-800-ONYX-TOP (1-800-699-987) (669-363-699) (1-800-FWD-ONYX) FAX: 1-800-FWD-ONYX (1-800-699-987)

Your Company: \_\_\_\_\_ P.O.# \_\_\_\_\_

Your Name: \_\_\_\_\_ Your Phone # \_\_\_\_\_ Your Fax # \_\_\_\_\_

Date Ordered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Install Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Customer Name: \_\_\_\_\_

FORMS-OR-01.22

	<b>INSIDE Corner TRIM</b>	<input checked="" type="checkbox"/> 1 Finished End	<input type="checkbox"/> GLOSS FINISH	<input type="checkbox"/> STONE TILE FINISH	COLOR <input type="text"/>	\$ _____
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

	<b>3-Way Joint BLOCK</b>	Total # of Pieces <input type="text"/>	COLOR <input type="text"/>	\$ _____
<i>For joining Inside Corner Trim without mitering</i>				

	<b>OUTSIDE Corner TRIM</b>	<input checked="" type="checkbox"/> 1 Finished End	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

	<b>Edge Cap TRIM</b>	<input type="checkbox"/> 3/8" <input type="checkbox"/> 5/8" <input type="checkbox"/> 3/4"	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>
	Finished on: <input type="checkbox"/> Left <input type="checkbox"/> Right	Finished on: <input type="checkbox"/> Left <input type="checkbox"/> Right	Finished on: <input type="checkbox"/> Left <input type="checkbox"/> Right	Finished on: <input type="checkbox"/> Left <input type="checkbox"/> Right	Finished on: <input type="checkbox"/> Left <input type="checkbox"/> Right	

	<b>OUTSIDE Corner TRIM</b>	<input checked="" type="checkbox"/> 1 Finished End	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

	<b>COVED Straight TRIM</b>	<input checked="" type="checkbox"/> 1 Finished End	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

	<b>CROWN MOLDING</b>	<input type="checkbox"/> 1 7/8" Tall <input type="checkbox"/> 3" Tall	COLOR <input type="text"/>	\$ _____						
Select Style	<input type="checkbox"/> Top Mount No Notch	<input type="checkbox"/> Cap Mount Notched Bottom	<table border="1"> <tr> <td>Piece #1 " "</td> <td>Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/></td> <td>Piece #2 " "</td> <td>Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/></td> <td>Piece #3 " "</td> <td>Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/></td> </tr> </table>	Piece #1 " "	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	Piece #2 " "	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	Piece #3 " "	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	<b>CORNER BLOCKS</b> QTY: 1 7/8" <input type="text"/> QTY: 3" <input type="text"/>
Piece #1 " "	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	Piece #2 " "	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	Piece #3 " "	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>					

	<b>CHAIR RAIL TRIM</b>	<input type="checkbox"/> 2 1/2" Tall <input type="checkbox"/> 3 1/2" Tall	COLOR <input type="text"/>	\$ _____														
<input checked="" type="checkbox"/> 1 Finished End	<table border="1"> <tr> <td>Piece #1 " "</td> <td>Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end</td> <td>Piece #2 " "</td> <td>Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end</td> <td>Piece #3 " "</td> <td>Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end</td> <td>Piece #4 " "</td> <td>Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end</td> </tr> <tr> <td>Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered</td> <td></td> <td>Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered</td> <td></td> <td>Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered</td> <td></td> <td>Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered</td> <td></td> </tr> </table>	Piece #1 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Piece #2 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Piece #3 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Piece #4 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Total Inches <input type="text"/>
Piece #1 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Piece #2 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Piece #3 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end	Piece #4 " "	Finished on: <input type="checkbox"/> Left end <input type="checkbox"/> Right end											
Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered		Finished end is: <input type="checkbox"/> Flat <input type="checkbox"/> Tapered												

	<b>CASING</b>	Finished Ends <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

	<b>BASE BOARD</b>	Finished Ends <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

	<b>BASE SHOE</b>	Finished Ends <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	COLOR <input type="text"/>	\$ _____		
Length of each:	Piece #1 " "	Piece #2 " "	Piece #3 " "	Piece #4 " "	Piece #5 " "	Total Inches <input type="text"/>

<input type="checkbox"/> Color Matched 100% SILICONE <input type="checkbox"/> 2.8 oz. <input type="checkbox"/> 10.3 oz.	\$ _____
<input type="checkbox"/> Clear Adhesive 100% SILICONE 10.3 oz. (Average: 6-12 tubes per shower [1 tube /1150 square inches of panels & trim])	\$ _____
<b>TOTAL for TRIM:</b>	\$ _____