



# MOLDED SHOWER TRIM

Voice: 1-800-ONYX-TOP (1-800-669-9867)

## ORDER FORM

Your Company: \_\_\_\_\_















Emails orders to: [orders@onyxcollection.com](mailto:orders@onyxcollection.com)

Email quotes to: [quotes@onyxcollection.com](mailto:quotes@onyxcollection.com)

Your Name: \_\_\_\_\_ Your Phone # \_\_\_\_\_ P.O.# \_\_\_\_\_

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

FORMS-OR-0425

	<b>INSIDE Corner TRIM</b>		<input checked="" type="checkbox"/> 1 Finished End	<input type="checkbox"/> GLOSS FINISH <input type="checkbox"/> STONE TILE FINISH	<div>COLOR</div>		\$ _____			
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Total Inches <div>"</div>				
	<b>3-Way Joint BLOCK</b>		Total # of Pieces		<div>COLOR</div>		\$ _____			
For joining Inside Corner Trim without mitering										
	<b>OUTSIDE Corner TRIM</b>		<input checked="" type="checkbox"/> 1 Finished End	<div>COLOR</div>		\$ _____				
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Total Inches <div>"</div>				
	<b>Edge Cap TRIM</b>		<input type="checkbox"/> 3/8"	<input type="checkbox"/> 5/8"	<input type="checkbox"/> 3/4"	<div>COLOR</div>				
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Total Inches <div>"</div>				
Finished on:	Finished on:	Finished on:	Finished on:	Finished on:	Finished on:					
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Right					
	<b>OUTSIDE Corner TRIM</b>		<input checked="" type="checkbox"/> 1 Finished End	<div>COLOR</div>		\$ _____				
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Total Inches <div>"</div>				
	<b>COVED Straight TRIM</b>		<input checked="" type="checkbox"/> 1 Finished End	<div>COLOR</div>		\$ _____				
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Total Inches <div>"</div>				
	<b>CROWN MOLDING</b>		<input type="checkbox"/> 1 7/8" Tall	<input type="checkbox"/> 3" Tall	<div>COLOR</div>		\$ _____			
Select Style	<input type="checkbox"/> Top Mount No Notch		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>	
	<input type="checkbox"/> Cap Mount Notched Bottom								QTY: <div>1 7/8"</div>	QTY: <div>3"</div>
	<b>CHAIR RAIL TRIM - 2 1/2" Tall</b>		<input checked="" type="checkbox"/> 1 Finished End	<div>COLOR</div>		\$ _____				
Finished on:	Finished on:	Finished on:	Finished on:	Finished on:	Finished on:					
Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Piece #6 "	Total Inches <div>"</div>				
Finished end is:	Finished end is:	Finished end is:	Finished end is:	Finished end is:	Finished end is:					
<input type="checkbox"/> Flat <input type="checkbox"/> Tapered	<input type="checkbox"/> Flat <input type="checkbox"/> Tapered	<input type="checkbox"/> Flat <input type="checkbox"/> Tapered	<input type="checkbox"/> Flat <input type="checkbox"/> Tapered	<input type="checkbox"/> Flat <input type="checkbox"/> Tapered	<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	<div>COLOR</div>		\$ _____			
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "					
	<b>BASE BOARD</b>		Finished Ends	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	<div>COLOR</div>		\$ _____			
	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "	Total Inches <div>"</div>				
	<b>BASE SHOE</b>		Finished Ends	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	<div>COLOR</div>		\$ _____			
Length of each:	Piece #1 "	Piece #2 "	Piece #3 "	Piece #4 "	Piece #5 "					
	<b>BULL NOSE TRIM</b>		Finished on both ends <input type="checkbox"/>		<div>COLOR</div>		\$ _____			
	Piece #1 "	Piece #2 "								
Color Matched 100% SILICONE <input type="checkbox"/> 10.3 oz.							\$ _____			
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>							\$ _____			