



MOLDED SHOWER TRIM

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

ORDER FORM

Your Company: _____















Emails orders to: orders@onyxcollection.com

Email quotes to: quotes@onyxcollection.com

Your Name: _____ Your Phone # _____ P.O.# _____

Date Ordered: ____/____/____ Install Date: ____/____/____ Customer Name: _____

FORMS-OR-0725

	INSIDE Corner TRIM		<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>				
	3-Way Joint BLOCK		Total # of Pieces		<div>COLOR</div>		\$ _____			
For joining Inside Corner Trim without mitering										
	OUTSIDE Corner TRIM		<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>				
	Edge Cap TRIM		<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					
	OUTSIDE Corner TRIM		<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>				
	COVED Straight TRIM		<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>				
	CROWN MOLDING		<input type="checkbox"/> Liberty	<input type="checkbox"/> 3" Tall <input type="checkbox"/> 2" Tall	<input type="checkbox"/> Classic	<input type="checkbox"/> 3" Tall <input type="checkbox"/> 2" 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"/>	CORNER BLOCKS	
	<input type="checkbox"/> Cap Mount Notched Bottom								QTY: <div>1 7/8"</div>	QTY: <div>3"</div>
	CHAIR RAIL TRIM - 2 1/2" Tall		<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					
	CASING		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 "					
	BASE BOARD		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 "	Total Inches <div>"</div>				
	BASE SHOE		Finished Ends <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both		<div>COLOR</div>		\$ _____			
Length of each:	Piece #1 "	Piece #2 "								
	BULL NOSE TRIM		Finished Ends <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both		<div>COLOR</div>		\$ _____			
Length of each:	Piece #1 "	Piece #2 "								
							<input type="checkbox"/> Finished on both ends			
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])							\$ _____			
TOTAL for TRIM:							\$ _____			