



# MOLDED SHOWER TRIM

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

ORDER FORM

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

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

FORMS-OR-0723

	<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"/>	\$ _____
For joining Inside Corner Trim without mitering				

	<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:	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		

	<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	Piece #1	Piece #2	Piece #3	<b>CORNER BLOCKS</b>
			Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	Finished End Left <input type="checkbox"/> Right <input type="checkbox"/> None <input type="checkbox"/>	QTY: <input type="text"/> <input type="text"/>
						QTY: <input type="text"/> <input type="text"/>

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

	<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

	<b>BASE BOARD</b>	Finished Ends <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both	COLOR <input type="text"/>		\$ _____
	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>	\$ _____