

ORDER FORM / Handcrafted Medicine Cabinet

ORDERING INFORMATION

Please confirm my order by: ☐ mail ☐ email ☐ phone ☐ fax

YOUR NAME _____ E-MAIL _____

COMPANY NAME _____

ADDRESS _____

CITY | STATE | ZIP _____

TELEPHONE (DAYS) _____ FAX LINE _____

SHIPPING INFORMATION

☐ Same as above. *Please note: A street address is necessary for delivery.*

ATTENTION _____

COMPANY NAME _____

ADDRESS _____

CITY | STATE | ZIP _____

Please make
a selection in
each category

QUANTITY	TYPE	WOOD	FINISH	SIZE	HARDWARE	(See price list.)	
	RECESSED — WALL-MOUNTED (surface-mounted)	MAPLE MAHOGANY WHITE OAK CHERRY — LACQUER WHITE (finished only)	FINISHED (clear satin lacquer) — UNFINISHED	STANDARD 20" x 26" — LARGE 22" x 32"	BRUSHED STEEL SATIN BRASS POLISHED BRASS POLISHED CHROME SATIN NICKEL	PRICE EA.	AMOUNT

WOOD ESSENTIALS

Send completed form to: Wood Essentials Ltd.,
P.O. Box 843, Lenox Hill Station, New York, NY 10021-0843
Credit card orders may be telephoned (212-717-1112) or faxed (212-717-5235).

☐ Check or money order enclosed; payable to Wood Essentials Ltd.

☐ Visa ☐ MasterCard

Subtotal amount

Add shipping **\$33**
per cabinet within U.S.

NY residents add sales tax
appropriate for your county

Total enclosed

CARD NUMBER

EXPIRATION DATE

CARDHOLDER NAME

SIGNATURE

CARD BILLING ADDRESS (REQUIRED FOR CARD PROCESSING)

CITY | STATE | ZIP

Please take a moment to let us know
how you heard about us:

☐ Magazine; which magazine? _____

☐ Internet/Web Site ☐ Recommendation

☐ Postcard ☐ Other: _____

Please allow 3 to 5 weeks for delivery.

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