

Face Frame Order Form

Customer _____ Page ____ of ____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ Contact Person: _____
 PO# _____ Order Date: ___/___/___ Required Date: ___/___/___
 Customer Job Name _____ Order: _____ Quote: _____

Special Instructions: _____

**Important: Be sure to verify the the dimensions of the openings, stiles and rails will equal your TOTAL SIZE.
 (Frames will be 3/4" thick and will have 1-1/2" wide stiles and Rails unless noted)**

<p>Item No. Qty. _____ Total Size _____ <small>(Width x Height)</small></p> <p>No. of Openings _____</p>	<p>Item No. Qty. _____ Total Size _____ <small>(Width x Height)</small></p> <p>No. of Openings _____</p>
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37 N. Church Street, Ephrata, PA 17522
 Customer Service (toll free): 1-877-499-6461 • local: 717-738-3530
 Fax Order (toll free): 1-877-202-3962 • local: 717-733-9744

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Important: Be sure to verify the the dimensions of the openings, stiles and rails will equal your TOTAL SIZE.
(Frames will be 3/4" thick and will have 1-1/2" wide stiles and Rails unless noted)

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(Width x Height)
No. of Openings _____

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