



Custom Furniture & Cabinets Inc.
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QUOTE REQUEST FORM

****PLEASE NOTE THAT A QUOTE MAY TAKE 5-7 BUSINESS DAYS TO BE ANSWERED****

SUBMIT COMPLETE FORM TO
QUOTES@CUSTOMFURNITURELA.COM

*****PLEASE COMPLETE THE FORM TO ITS ENTIRETY BY COMPLETING ALL REQUESTED INFORMATION*****

DATE: _____ REP NAME: _____

NEW CUSTOMER ☐ EXISTING CUSTOMER ☐

CUSTOMER / COMPANY: _____

CUSTOMER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____ WEBSITE: _____

DISCOUNT LEVEL: PREMIERE DESIGNER ☐ DESIGNER ☐ STOCKING DEALER ☐

SPECIFICATIONS

ITEM NUMBER (IF APPLICABLE): _____

DIMENSIONS (ALL FIELDS REQUIRED TO PROCESS QUOTE): WIDTH: _____ DEPTH: _____ HEIGHT: _____

LUMBER SPECIES: _____ FINISHED DESIRED: _____

QUANTITY: _____ FABRIC (IF APPLICABLE): _____

NOTES TO CFC: