



# Roe Brothers Inc. Cabinet Form

Customer Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

**Internal Use Only:**

Cashier: \_\_\_\_\_

Date: \_\_\_\_\_

Recd: \_\_\_\_\_

On site Phone #: \_\_\_\_\_

Project Address (if different): \_\_\_\_\_

\_\_\_\_\_

Budget Range:

\_\_\_\_\_

Tentative Install Date:

\_\_\_\_\_

I want the cabinets delivered to:

Roe Brothers

Project Address

Billing Address

**Cabinet Brands:**

(Please check):

Hanssem

Wolf

Cubitac

ForeverMark

(Circle Flat stack/ Assembled )

Continental

Cabinets

**Styles:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Colors:**

\_\_\_\_\_

\_\_\_\_\_

**I am also interested in:**

Countertops

Handles

Flooring

Lighting

Sinks

Tiles / Backsplash

**Additional Notes:**

\_\_\_\_\_

\_\_\_\_\_

**Contact Us: 845-651-4025 Fax: 845-651-4974 [Kelly@roelumber.com](mailto:Kelly@roelumber.com)**

**Please note:** All orders are considered Special Orders and must be signed for as well as paid in full before the order is placed.

