

Company Name: _____

Salesman: _____

Phone #: _____

Fax: _____

Email: _____

MICROWAVE TRIM KIT

Matching Width Touching

Microwave Make: _____

Microwave Model: _____

Oven Make: _____

Oven Model: _____

NOTE 1: Disregard microwave if using a Double Oven.

A _____ Required

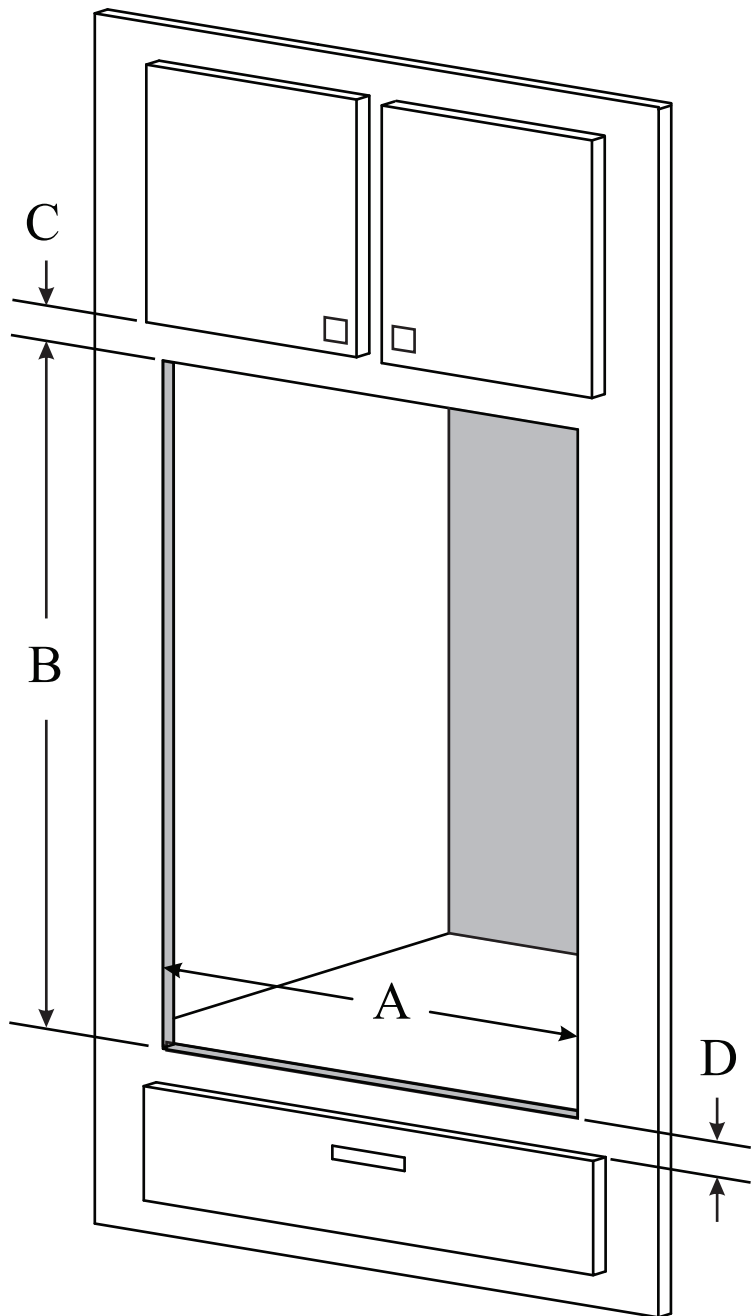
B _____ Required

C _____ Required

D _____ If Available

Color: BLACK WHITE STAINLESS FINISH

NOTE 2: Please be as accurate as possible when providing dimensions. Return to your salesperson when complete.



Customer Name: _____

Address: _____

Phone #: _____

Special Instructions: _____
