

Company Name: _____

Salesman: _____

Job Name: _____

Phone #: _____

Fax: _____

Email: _____

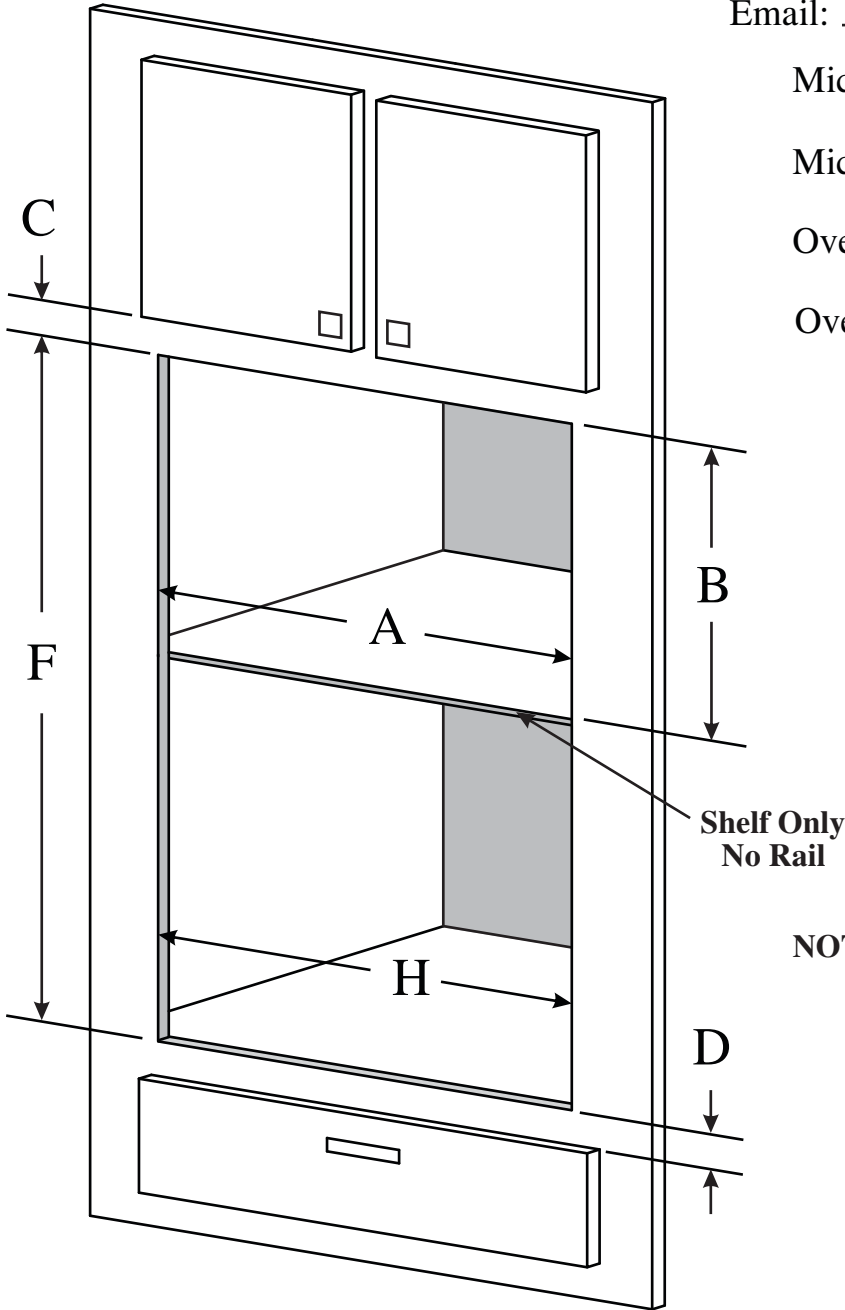
FULL LENGTH KIT
with shelf

Microwave Make: _____

Microwave Model: _____

Oven Make: _____

Oven Model: _____



A _____

B _____

C _____

D _____

F _____

H _____

NOTE: Please be accurate when providing dimensions and provide as much information as possible

Color:

STAINLESS FINISH (ANODIZED, BRUSHED ALUMINUM)	<input type="checkbox"/>	WHITE	<input type="checkbox"/>
TRUE STAINLESS STEEL (NOT AVAILABLE FOR FULL LENGTH)	<input type="checkbox"/>	BLACK	<input type="checkbox"/>

Additional Information:

Exterior size of previous trim kit: _____

Is cabinet discolored from old appliance or trim? If so, by how much? _____

Special Requests or Comments: _____