

Company Name: _____

Salesman: _____

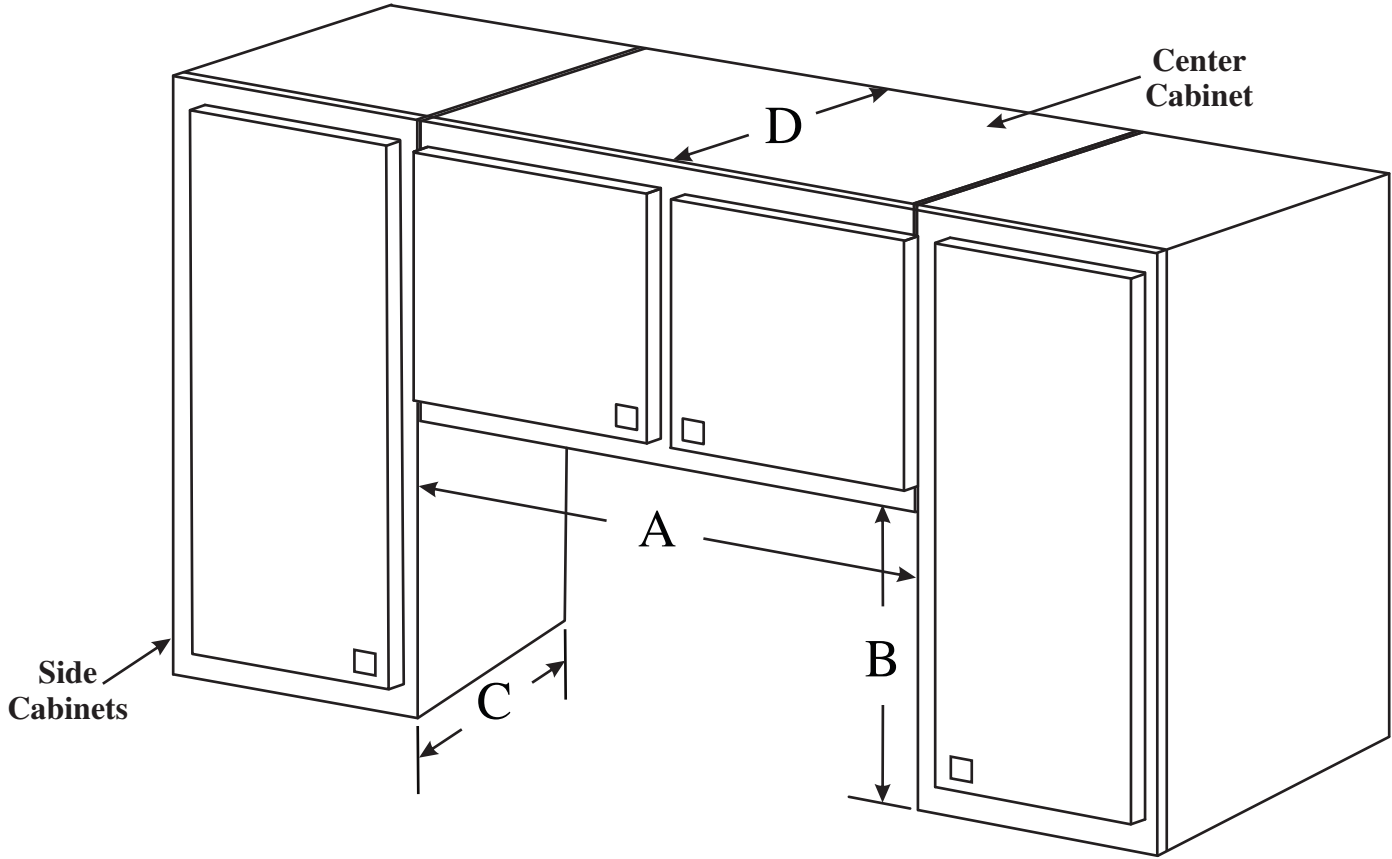
Job Name: _____

Phone #: _____

Fax: _____

Email: _____

OVER THE RANGE
Microwave Fillers



A _____

B _____

C _____

D _____
(If different than C)

Microwave Make: _____

Microwave Model: _____

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

Color: TRUE STAINLESS STEEL WHITE BLACK

Special Requests or Comments: _____

