

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

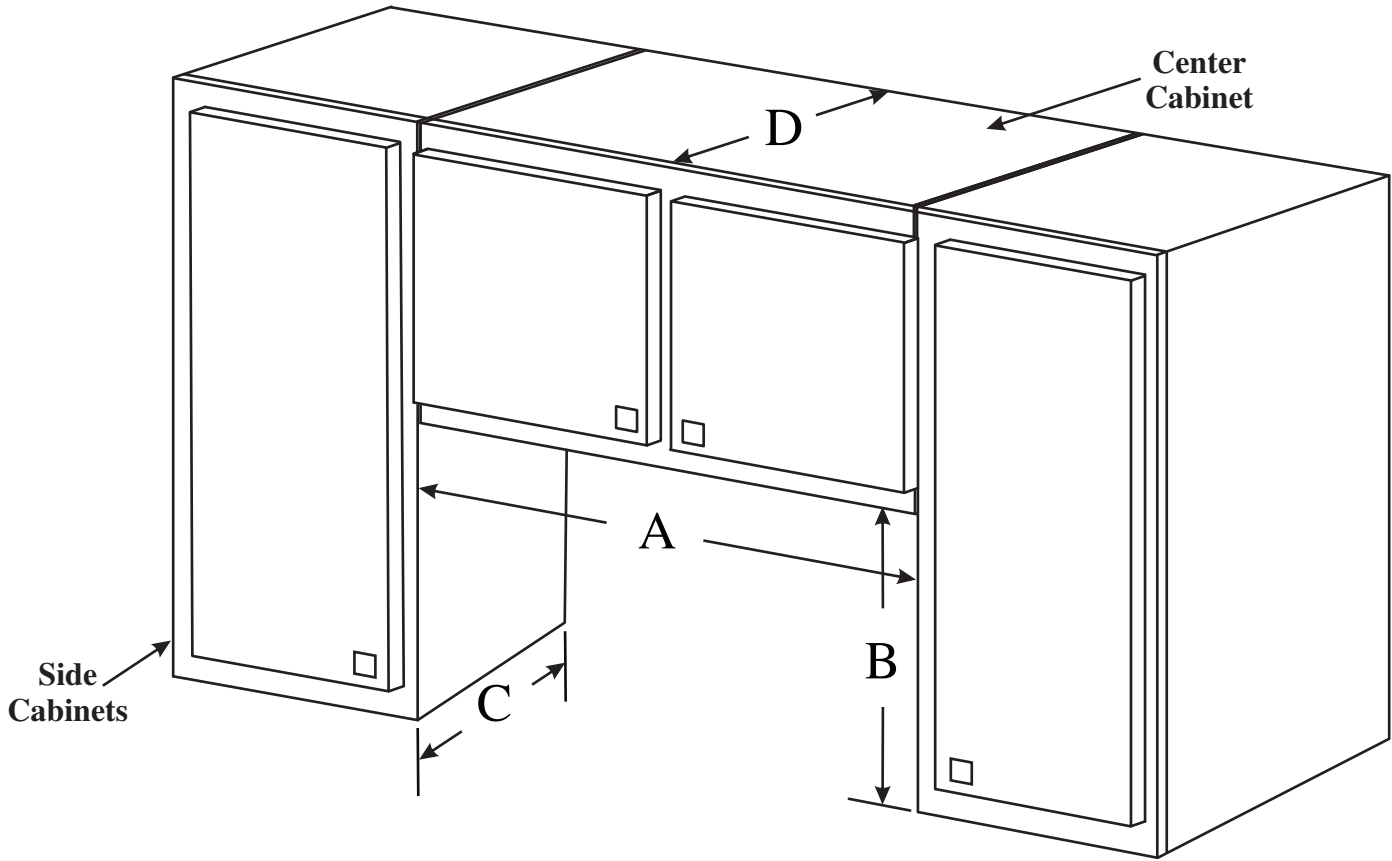
Address: \_\_\_\_\_

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

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Special Requests or Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_