East Coast Custom Doors

Customer Name _____
Address _____
_____
Telephone # _____ Fax # _____

☐ Inquiry

☐ Purchase Order # _____

Project: _____ Location: _____ Date: _____

DOOR

Species _____
Grade: ____ Paint
____ Stain
Design in space provided:

FRAME

Species _____
Profile: ____ Single Rab ____ Double Rab
_____ Other
Jamb: Width _____ Thickness _____

CASING

Species _____
Describe _____
_____
Furnish: ___ ONE or ___ TWO SIDE(S)

HINGES

Furnished By: ____ ECCD ____ Others
Size _____ Qty _____
Mfg# _____
Finish _____

LOCK

Furnished By: ____ ECCD ____ Others
Mfg # _____
Template # _____
Backset _____

GLASS

Furnished By: ____ ECCD ____ Others
____ _" Clear Tempered
____ _" Safety Glass
____ _" Insulated Tempered
____ Other _____

PREFINISHING

By: ____ ECCD ____ Others
Grade: __ Paint, specify _____
__ Stain, specify _____

OTHER HARDWARE _____

QTY	PRE-FIT DOOR SIZE WIDTH LENGTH THICKNESS	MARK#/DESCRIPTION	SWING