



Custom Order Form

Fax numbers by region:
West/Central: (800) 328-8530
East Coast: (800) 328-8531
Nat'l Accounts: (877) 219-1690

Office use only

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Dealer Information						
Type <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Remodel		Cabinet count <small>Office use only</small>				
Order Date 11-29-17		Account Name INTERIOR INNOVATIONS				
Account Code INTINN4		City SUN CITY	State/Prov. AZ			
PO# (required) RS-0165-OM		Designer ID# 1017982				
Order Contact RAY SMITH rsmith@interiorinnov.com		Contact Phone # 602 920 5792 CELL				
Promo# or SPA#		Tag STANLEY				
Ship to Information						
Ship to INTERIOR INNOVATIONS C/O HOT SHOT LOGISTICS 602 277 4747						
Street Address 236 E. PIMA ST., #106						
City PHOENIX	State AZ	Zip Code/Postal 85004				
Delivery Contact KENT TAYLOR						
Contact Phone# 602 525 4021 CELL		Alternate Phone # 623 691 8380 SHOWROOM				
Methods of Shipment						
<input checked="" type="checkbox"/> Ship when ready / Fleet truck <input type="checkbox"/> Curbside Delivery <input type="checkbox"/> Combination Order <input type="checkbox"/> Home Delivery <input type="checkbox"/> Ship with Others Ship with PO# RS-0165						
Please check the policies and procedures section of the spec book for upcharges that may apply.						
Order Information						
Door Style/Upper MILENA		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> Overlay* <input type="checkbox"/> Classic <input checked="" type="checkbox"/> Designer <input type="checkbox"/> Full <input type="checkbox"/> Inset, Beaded <input type="checkbox"/> Inset, Non-Beaded <input type="checkbox"/> Modified </td> <td style="width: 33%; vertical-align: top;"> Hinge Options for Inset Overlay Only* <input checked="" type="checkbox"/> 110 Concealed Cup <input type="checkbox"/> Antique Brass Finial <input type="checkbox"/> Black Finial <input type="checkbox"/> Stainless Steel Finial <input type="checkbox"/> Oil Rubbed Bronze Finial </td> <td style="width: 33%; vertical-align: top;"> Drawer Front* <input type="checkbox"/> Slab <input type="checkbox"/> E Slab <input type="checkbox"/> D Slab <input checked="" type="checkbox"/> 5pc Flat <input type="checkbox"/> 5pc Rsd <input type="checkbox"/> 5pc Bd <input type="checkbox"/> IODF <input type="checkbox"/> 3pc Slab <input type="checkbox"/> 1pc Rsd </td> </tr> </table>		Overlay* <input type="checkbox"/> Classic <input checked="" type="checkbox"/> Designer <input type="checkbox"/> Full <input type="checkbox"/> Inset, Beaded <input type="checkbox"/> Inset, Non-Beaded <input type="checkbox"/> Modified	Hinge Options for Inset Overlay Only* <input checked="" type="checkbox"/> 110 Concealed Cup <input type="checkbox"/> Antique Brass Finial <input type="checkbox"/> Black Finial <input type="checkbox"/> Stainless Steel Finial <input type="checkbox"/> Oil Rubbed Bronze Finial	Drawer Front* <input type="checkbox"/> Slab <input type="checkbox"/> E Slab <input type="checkbox"/> D Slab <input checked="" type="checkbox"/> 5pc Flat <input type="checkbox"/> 5pc Rsd <input type="checkbox"/> 5pc Bd <input type="checkbox"/> IODF <input type="checkbox"/> 3pc Slab <input type="checkbox"/> 1pc Rsd
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Door Style/Lower MILENA						
Aluminum Door Style (if applicable) <input type="checkbox"/> Facet <input type="checkbox"/> Fusion						
Wood MAPLE						
Finish** ELEMENTAL WHITE						
Glaze**		Fingerpulls <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Outside Profile* S				
Special Effects**		Order must include: Incomplete orders may delay processing. Floor Plan. Appliance panel form and/or Appliance Cut-out form, if applicable. Drawing for Special Cabinets. **Please include appropriate form, if applicable. All fields in bold are required.				
Sheen Level						
<input checked="" type="checkbox"/> Furniture Sheen <input checked="" type="checkbox"/> Opaque <input type="checkbox"/> Matte (+5%) <input type="checkbox"/> Stained <input type="checkbox"/> Iced (+10%) <input type="checkbox"/> Natural						
Special Instructions SEE 2020 LIST.						

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CATALOG PIN72A_2

Supplier	Omega Cabinetry		
Wall Door	Milena-DEO	Drawer Front	5PCF-Drawer Front
Tall Door		Drawer Pull	
Base Door	Milena-DEO-\$\$5PCF	Door Pull	
Door style	{Price Level is Selected}		

#	Qty	User code	Manuf. code	Description	Fin. Side
Cabinets					
54	1	BBC48L	C-BBC48L	Blind Base Corner	L
54.1	1	MBFF	MBFF	Face Frame Change	B
54.2	1	MBFIL	MBFIL	Filled Blind	B
55	1	OC3396M-BD	C-OC3396M-BD	Oven Cab Microwave	B
55.1	1	MTFE-R	MTFER	Flush End Right	R
*56	1	MAPLE/MDF	MAPLE/MDF{N/C}	Maple/MDF w/Opaque at N/C	
*57	1	DESIGNER	DEO	Designer Overlay % {Possible Upcharge-Based Upon Door Style}	
*58	1	PROFILE S	DPS	Profile S	
*59	1	ELEMENTAL WHT	ELEMENTAL WHT	Elemental White 15% {*Finish Agreement Form*}	
*60	1	OPAQUE INT	OPAQUE INT	Opaque Interior	
*61	1	110 D CONCEAL CU	110DEGRCONCUP	110 Degree Concealed Cup Hinges	
*62	2	MILENA-DEO-W	MIP-DEO	Milena-DEO	
*63	2	5PCF	5PCF	5PCF-Drawer Front	
*64	1	MILENA-DEO-5PCF	MIP-DEO-5PCF	Milena-DEO-\$\$5PCF	
Volume:	75.90		Weight:	0.00	

*: non-plan item

Account Code	INTINNY
Job Name	STANLEY
P.O. #	RS-01650M

APPLIANCE CUT-OUT FORM FOR CABINETS

Note: Maximum cut out width is 2" less than the cabinet width.

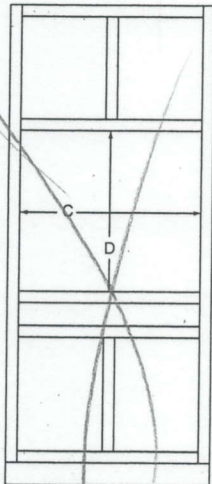
Single Oven Cab.
OC ____ S

Microwave Oven Cab.
OC 3396 M

Double Oven Cab.
OC ____ D

Microwave Oven Cab.
OCWD ____ M

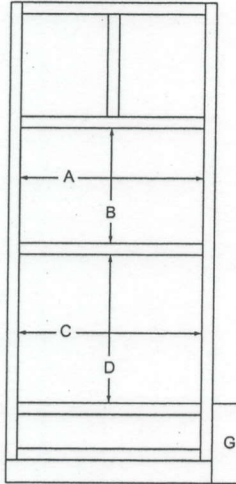
Double Oven Cab.
OCWD ____ D



Cut Out Dimensions:

C ____
D ____

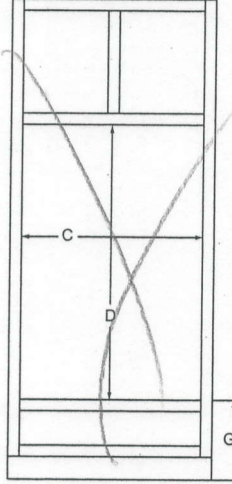
Loose Toe
Platform Needed:
____ Yes ____ No



Cut Out Dimensions:

A 25.5 D 27.25
B 16.75 G 16.75
C 28.5

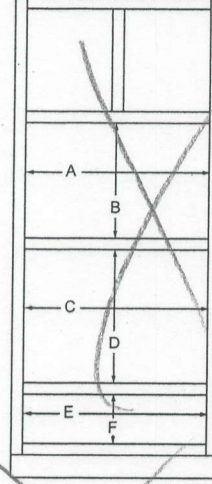
Loose Toe
Platform Needed:
____ Yes ____ No



Cut Out Dimensions:

C ____
D ____
G ____

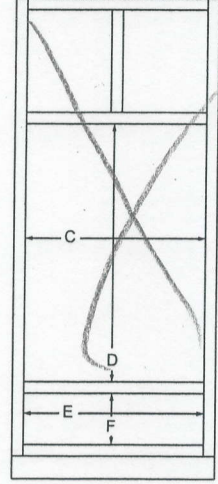
Loose Toe
Platform Needed:
____ Yes ____ No



Cut Out Dimensions:

A 25.5 C 28.5 E ____
B 16.75 D 27.25 F 7

Loose Toe
Platform Needed:
____ Yes ____ No



Cut Out Dimensions:

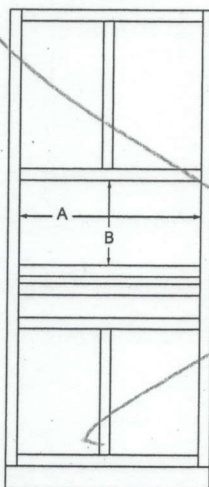
C ____ E ____
D ____ F ____

Loose Toe
Platform Needed:
____ Yes ____ No

Tall Microwave Cab.
TM ____

Tall Microwave Cab.
TMWD ____

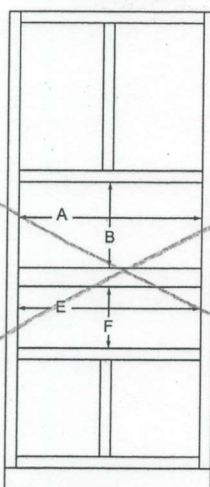
Tall Microwave Cab.
TM2DWD ____



Cut Out Dimensions:

A ____
B ____

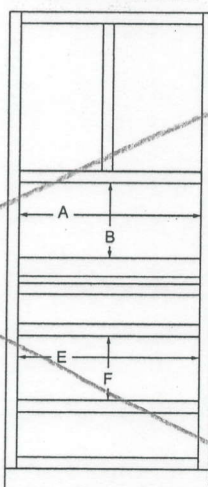
Loose Toe
Platform Needed:
____ Yes ____ No



Cut Out Dimensions:

A ____ E ____
B ____ F ____

Loose Toe
Platform Needed:
____ Yes ____ No



Cut Out Dimensions:

A ____ E ____
B ____ F ____

Loose Toe
Platform Needed:
____ Yes ____ No

Directions:

Fill in missing dimension information corresponding to the item ordered. Please include model no., dimensions and any trim kit overlay if they are being used. If no information is received on trim kits, your cabinet will be made with our standard reveals. Fax this form to Omega Cabinetry using the appropriate fax number from above. (Please see the other side for wall and base cabinets.)

For Pinnacle Series orders only.
 This form does not apply to
 Dynasty Series orders.

PO. PS-01650m

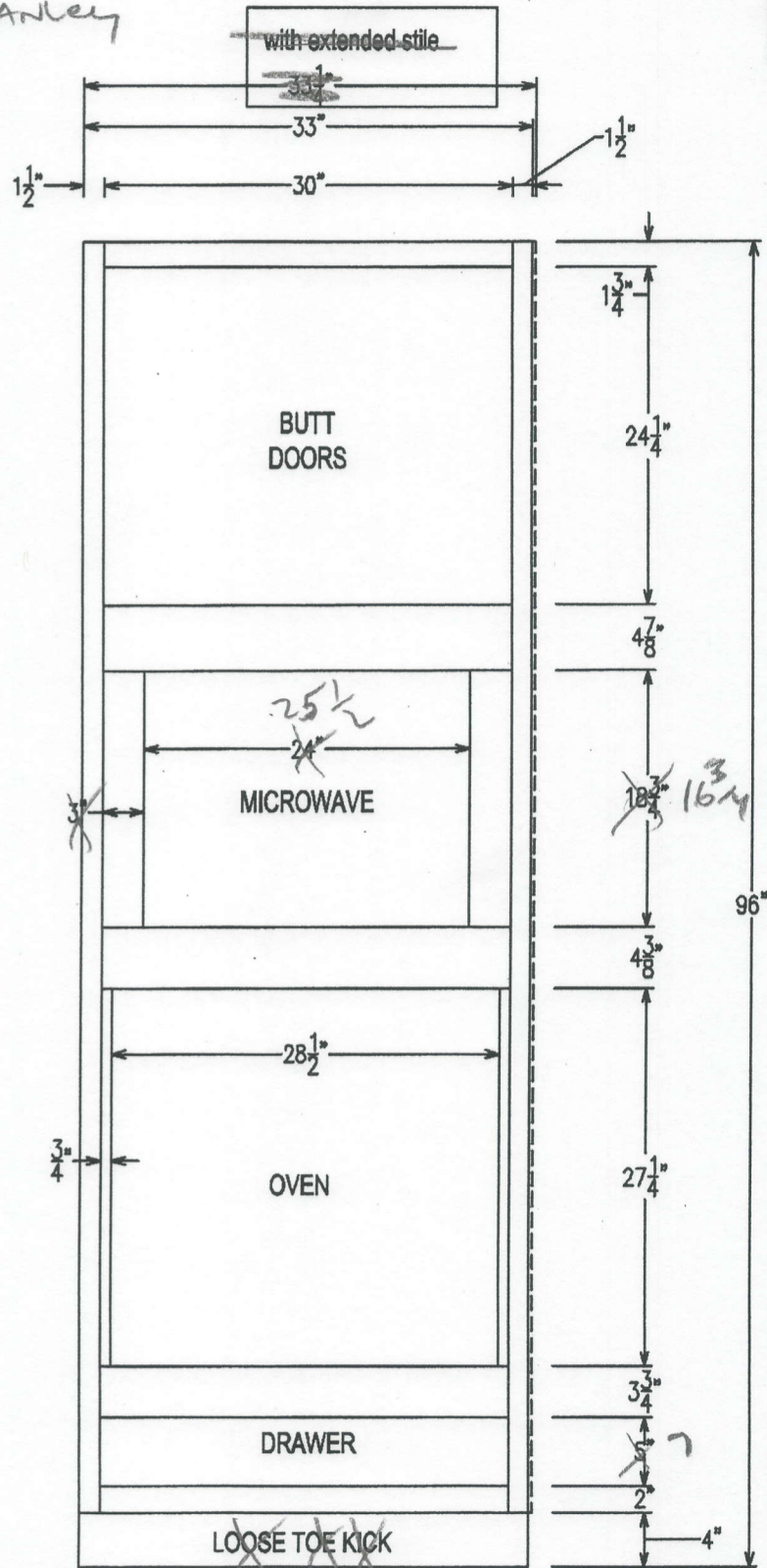
To: RAY SMITH
 AcctCode: PREKIT2
 Fax#: 1-823-091-8384
 Job Name: MILTON *Stanley*
 Date: 5/30/2014
 Kitchen#: K46523
 PO#: 3428RSMILTON
 SO#: 4211200
 Door style: HSD/HSD
 Wood: MP
 Stain: SK
 Overlay: DESIGNER

From: Charlie Nuss
 Omega Cabinetry
 Fax No: (319) 235-5860
 Email: omegacab.com

OC3396M BD

~~MTTKP~~~~MTEOR-25~~

MTE LEFT

RIGHT

Omega
 Cabinetry

A Division of MasterBrand Cabinets, Inc.

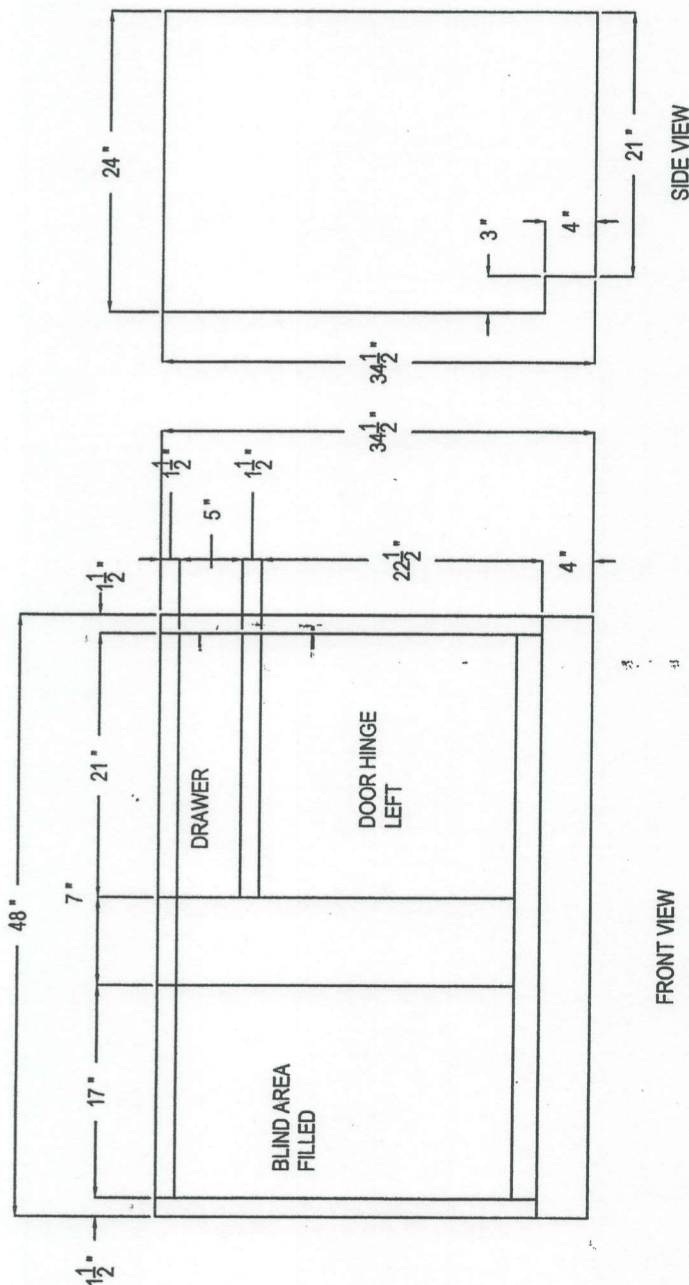
The above drawing meets my approval

Date: _____

Project Information	
To :	RAY SMITH
Acct. Code :	INTINN4
Email :	rsmith@interiorinnov.com
Fax # :	623-691-8384
Job Name :	GOOLEY <i>STANLEY</i>
Date :	04/19/2017
Kitchen # :	K66172
P.O. # :	RS0490001 <i>RS-016501</i>
S.O. # :	4446207

Style Information	
Door Style :	MEGA
Drawer Front Style :	SLAB
Outside Profile :	W
Overlay :	DESIGNER
Wood :	CHERRY
Finish :	BIVERBED
Glaze :	-
Special Effects :	-
Interior :	NATURAL
Drafter :	ALYSA
Sheet Number :	1 OF 1
Revision Date :	-

Special Notes
-PER PRINT
-BBC48L
FINL FINISH LEFT
MBFF FACE FRAME CHANGE
MBFIL FILLED BLIND
MCSCC SEMI CUSTOM CONSTRUCTION



Drawing Approval		Email: OmegaEditing@MasterBrand.com	Fax: 319-235-5860
Signing below indicates that you understand and approve the contents of the document. A signed drawing is required for an order to be acknowledged or placed into production. For any discrepancies, please return the unsigned document with comments.			
Approval:	<i>[Signature]</i>	Date:	4/19/17

