## **Standard Vanity Order Form**



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Store Details								
Store Name:	ne: C				Order Date:			
Store Contact Name:	Purchase Order Number:							
Store Phone Number:	Email:							
Range & Size								
Range Name:								
Product Code:	Vanity Length:							
Cabinet Configuration								
Wall Hung or Floor Mount:			☐ Floor Mou	☐ Floor Mount		☐ Twin	☐ Trio	
			☐ On Legs (S	Square)				
Drawer Side (if applicable):	☐ Left ☐ I		Right	Right				
Door Hinge Side (if applicable):	☐ Left ☐ I		Right	Right				
Finishes								
Woodgrain/Silk Cabinet Finish:								
Polyurethane Cabinet Finish: Gloss White Matte White Matte Milton Moon Grey Matte Black								
Top Style/Finish:								
Handle								
☐ Bevel-Grip Finger Pull								
☐ Aluminium Recessed Handle (please select colour): ☐ Silve			] Silver	r				
☐ Handle (please note name, colour and size): Name:			ame:	Colour:		Size:		
Basin								
Name:	Code:							
Style:	Basin Position:							
Colour:	Single/Double:							
Tap Hole								
Tap Holes: 0 1	□ 3	Tap Position:	☐ 9 o'clock	☐ 10 o'clock	√ 12 o'clock	☐ 2 o'clock	☐ 3 o'clock	
Notes								
Customer Signature:								