

"Attention" The QuikTray Kits are NOT designed for use in a "closet style" pantry or enclosure with sheetrock walls

Name	Kit Type: (Select One)	
Email	All In One Kit Pot & Pan Kit	5 Shelf Pantry Kit 6 Shelf Pantry Kit
Phone	Drawer Slide Type:(Select One) Side Mount Side Mount Soft Close Undermount Soft Close	
State Zip Code Cabinet # of		
Cabinet Name(optional):	Is the interior of yo	ur cabinet WHITE? Y N
Mark N/A if the measur	ement does not ap	ply to your cabinet.
W - Recess from left edge of o		· · · · · · · · · · · · · · · · · · ·
X - Total width of cabinet open	ing	
Y - Recess from right edge of	opening to surface	of right interior wall.
Z - Length from inside face fra		
		sion (left to right, not front to back)
RI - Amount that the hinges "re	educes" the X dime	ension (left to right, not front to back)

Upon completion, email this form to QuikQuotes@QuikDrawers.com, or fax toll free to 1-866-642-9971. After processing your worksheet, we will send your results with a recommended product list for your consideration. If you have any questions, please contact us at 1-866-937-7429, Mon - Fri (9am - 4pm central).