



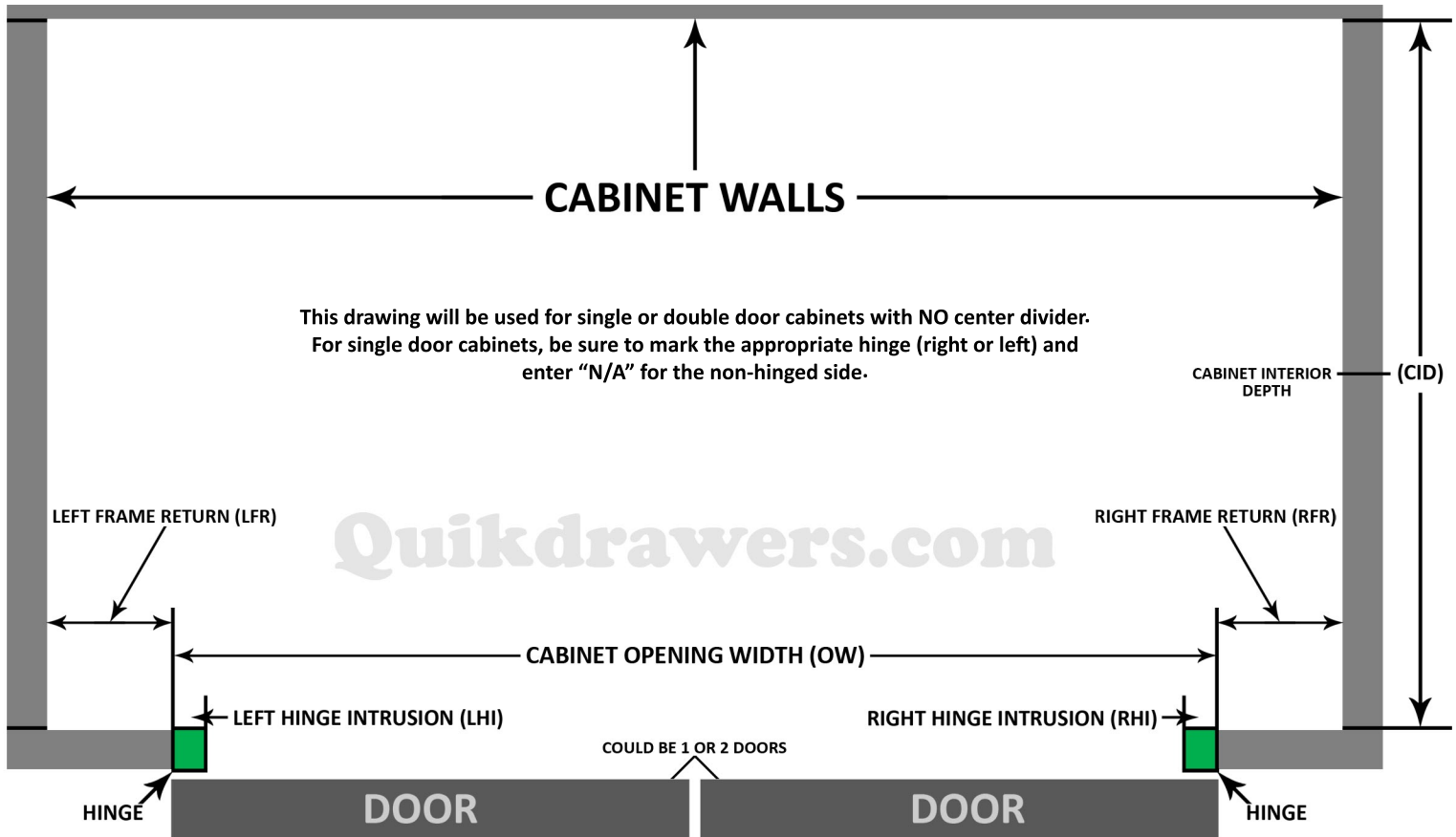
QuikTRAY

WORKSHEET

www.quikdrawers.com

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 Monday - Friday 9AM - 4PM CST

Face Frame Style Cabinet Top View



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

Name _____
 Email _____
 Phone _____
 State _____ Zip Code _____
 Cabinet Name _____
(optional)
 Cabinet # _____ of _____

Kit Type: (Select One)

2 Shelf All In One Kit ____ 5 Shelf Pantry Kit ____
(Item # 14288) (Item # 28131)
 3 Shelf Pot & Pan Kit ____ 6 Shelf Pantry Kit ____
(Item # 27512) (Item # 27924)

Drawer Slide Type: (Select One)

Side Mount ____
 Side Mount Soft Close ____
 Undermount Soft Close ____

****Mark N/A if the measurement does not apply to your cabinet****

Is the interior of your cabinet WHITE?

Record your measurements to the nearest 1/16" below

Yes ____ No ____

- _____ LFR - Recess from left edge of opening to surface of left interior wall
- _____ OW - Total width of cabinet opening
- _____ RFR - Recess from right edge of opening to surface of right interior wall
- _____ CID - Length from inside face frame to rear inside surface
- _____ LHI - Amount that the hinge "reduces" the "OW" dimension (Left/Right, not Front to Back)
- _____ RHI - Amount that the hinge "reduces" the "OW" dimension (Left/Right, not Front to Back)

Double check all measurements before submitting; all sales are final, and returns are not accepted on custom built products.