

Internal Use
Job #
COD

McGrory, Inc.
 576 Rosedale Road
 Kennett Square, PA 19348
 SOLID SURFACE

(610)-444-1512
 Fax(610)-444-1513

PURCHASE ORDER

Contractor or Dealer _____

Owners Name _____

Contact _____

Development _____

Phone Number _____

Street Address _____

Tentative Template Date _____ Install Date _____

Town _____ State _____ Zip _____

Purchase Order No. _____

Work Number _____ Home Number _____

All above dates are tentative. You must talk to Scott to receive a firm date on the schedule.

Warranty registration requires a complete job site address & owner mailing address if different

KITCHEN <input type="checkbox"/> ISLAND <input type="checkbox"/> VANITY <input type="checkbox"/> OTHER <input type="checkbox"/>						
MATERIAL _____ COLOR _____ THICKNESS 1/2" DECK + 1" BUILDUP = 1 1/2" <input type="checkbox"/> 1/2" DECK + 1/2" BUILDUP = 1" <input type="checkbox"/> 1/2" DECK <input type="checkbox"/> OTHER _____		MC GRORY EDGE # _____ 1/2" INLAY COLOR: _____ YOUR EDGE # (If different) _____	BACKSPLASH: YES <input type="checkbox"/> NO <input type="checkbox"/> (PROVIDE DETAILS) LOOSE <input type="checkbox"/> HEIGHT _____ COVED <input type="checkbox"/> TILE COVE <input type="checkbox"/> SIDESPLASH RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> WALLWORK 1/4" <input type="checkbox"/> 1/2" <input type="checkbox"/> COLOR _____		TEAROUT BY McGRORY, INC. <input type="checkbox"/> BY OTHERS <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OTHER SERVICE <input type="checkbox"/> REPAIR <input type="checkbox"/>	
BOWL OPTIONS: SOLID SURFACE BOWL TYPE _____ COLOR _____ BY OTHERS: DROP-IN <input type="checkbox"/> or UNDERMOUNT <input type="checkbox"/> MFG. _____ MODEL # _____		DRAINBOARD DETAIL # 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/>	STOVE OPTIONS: SLIDE-IN: <input type="checkbox"/> FREESTANDING: <input type="checkbox"/> COOKTOP: <input type="checkbox"/> SLIDE-IN / COOKTOP CUTOUT SIZE _____	ITEMS MUST BE ON SITE: FAUCETS: <input type="checkbox"/> COOKING APPLIANCES: <input type="checkbox"/> SINKS: <input type="checkbox"/> DISHWASHER: <input type="checkbox"/> OTHER ITEMS <input type="checkbox"/> (ie. Soap dispensers or instahot)		ITB's SERIES: 100 <input type="checkbox"/> or 300 <input type="checkbox"/> COLOR: _____ SIZE: _____ SINGLE BOWL <input type="checkbox"/> DOUBLE <input type="checkbox"/> DRILLINGS: _____ SPLASH: RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/>
TEMPLATE / FABRICATE / INSTALL <input type="checkbox"/> PICKUP <input type="checkbox"/> DELIVERY ONLY <input type="checkbox"/>		SEND LAYOUT & SPECIAL DETAILS _____ _____				

Acceptance _____

Date _____

Copy As Required Rev 11/10

PLEASE REVIEW, SIGN AND FAX BACK ASAP – THANK YOU