Quarter Round Trim & Ex. Jambs

424 S. Washington St.
Suite B. Kimberly,WI 54136
Phone: 920/788-9322
Fax: 920/788-3086
www.elipticon.com

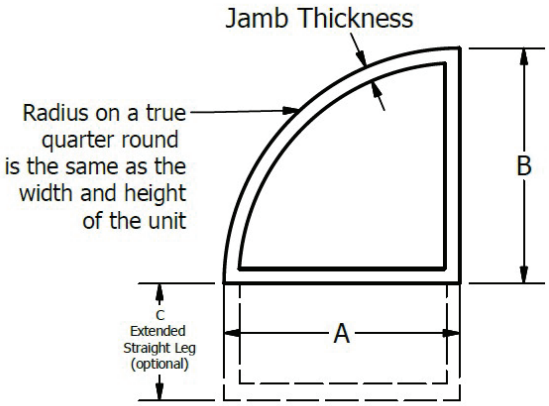
Date _____ Job Name _____

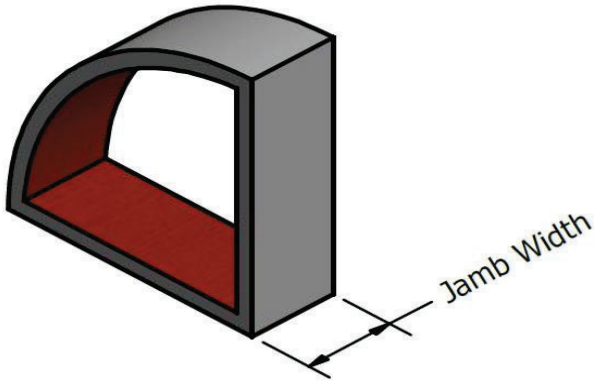
Co. Name _____ Contact _____

Phone _____ Fax _____

○ Quote ○ Purchase Order _____

Fill in: A – base dimension. Standard reveal ¼" on all casings unless specified.





Dimension reference

- ○ Outside to outside
  Jamb thickness _____
- ○ Inside, jamb to jamb

A Dimension: _____

B Dimension: _____

C Extension leg length: _____
(additional charge)

Casing

Profile _____

Wood Species _____

Quantity _____

Extension Jamb

Thickness _____

Width _____

Quantity _____

○ Rosettes needed. Description _____

○ Straight moldings needed: length _____ quantity _____

length _____ quantity _____

length _____ quantity _____

Other notes: _____

_____

_____