

MHEC Order Analysis Form

Contract #: MC07-07
 Phone: 800.876.4274
 Fax: 800.257.2635

INFORMATION RECAP MUST BE INCLUDED ON ALL MAXON MHEC ORDERS:

MHEC Customer: _____
 Contact: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____
 Fax: _____ Email: _____
 MAXON Bill of Materials Attached? Yes _____ No _____
 Participating Dealer: _____
 Contact: _____
 Address/Phone: _____
 MAXON Account Number: _____

PROJECT PRICING SUMMARY:

QUICKSHIP (CHECK ONE)	Tailgate Delivery _____	Delivered & Installed _____
STANDARD (CHECK ONE)	Tailgate Delivery _____	Delivered & Installed _____
LIST PRICE		\$ _____
DISCOUNT: _____%		(\$ _____)
NET:		\$ _____
DESIGN FEES:		\$ _____
INSTALLATION (If Applicable):		\$ _____
TOTAL INVOICE AMOUNT:		\$ _____



We get you working fast.



SPECIAL INSTRUCTIONS:

SPECIAL FREIGHT/HANDLING INSTRUCTIONS:

SPECIAL BILLING INSTRUCTIONS:

SPECIAL INSTALLATION INSTRUCTIONS:

OTHER INFORMATION OR INSTRUCTIONS:

COLORS:

LAMINATE: _____

PAINT: _____

T-MOLD or 3MM: _____

FABRIC: _____

SEATING FABRIC: _____

OTHER NOTE: _____

GLASS: _____

GRAIN DIRECTION: _____ LH _____ RH _____ DIAG _____

FOR CORNER UNITS:
(DIRECTIONAL LAMINATES ONLY)
(60" CORNERS AVAILABLE IN LH OR RH ONLY)

