

We get you working fast.



MHEC Order Analysis Form

Contract #: MC07-07
Phone: 800.289.1274
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: \$ _____



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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)

