INVOICE NO.# _____

CUSTOMER: _____

ADDRESS: _____

_____

TELEPHONE: _____

DATE RECEIVED: _____

TARGET DATE: _____

SALES PERSON : _____

PO# _____

JOB NAME: _____

J & J DOOR MFG, INC.

2325 TRANSMITTER RD.
PANAMA CITY, FL 32405
850-769-2554 FAX 769-0822

LUMBER SPECIES: _____

_____

DOOR STYLE: _____

SPECIAL INSTRUCTIONS: _____

_____

EDGE PROFILE:	OGEE	BULLNOSE
BEAD	ESSENCE	
CHAMPHER	1/2 COVE	SQUARE

SANDING:	PRIME GROOVE	SAND GROOVE
	FACE	BACK

STYLE	QTY	W" X H"	OV	STYLE	QTY	W" X H"	OV

STYLE	QTY	W" X H"	DESCRIPTION

_____

DOORS _____

OVER 15" X 30" _____

GLASS DOORS _____

_____

DRAWER FRONTS _____

TOTAL _____

I _____ agree to pay in full for the above at time of completion.