



# Scalloped Drawer

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Belleville, PA 17004

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Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Order Date: \_\_\_\_\_

Job # / P.O.: \_\_\_\_\_

Finish Date: \_\_\_\_\_

Ship to: \_\_\_\_\_

Comments:

