

Wise Living Inc. Quote Form

Name:	Company:	Ref #:
Item:	Qty:	Date:

Overall Dimensions:	Width:	Depth:	Height:
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Species:	Reclaimed Wood:	Lumber:	Lumber Cut:
<input type="checkbox"/> Walnut <input type="checkbox"/> Maple <input type="checkbox"/> White Oak <input type="checkbox"/> Red Oak <input type="checkbox"/> Mahogany Other: _____	<input type="checkbox"/> Douglas Fir <input type="checkbox"/> Wine Infused Oak <input type="checkbox"/> Oak <input type="checkbox"/> Peroba <input type="checkbox"/> French White <input type="checkbox"/> Oak Rift Other: _____	<input type="checkbox"/> Solid <input type="checkbox"/> Veneer <input type="checkbox"/> Solid/Veneer <input type="checkbox"/> Paint Grade <input type="checkbox"/> Laminate Other: _____	<input type="checkbox"/> Plain Sawn <input type="checkbox"/> Quarter Sawn <input type="checkbox"/> Rift Sawn <input type="checkbox"/> Live Sawn

Finish:	Sheen:	Metal Finish:	Hinges:	Slides:
<input type="checkbox"/> Stained <input type="checkbox"/> Painted <input type="checkbox"/> Ceruse Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Matte <input type="checkbox"/> Satin <input type="checkbox"/> Semi Gloss <input type="checkbox"/> Gloss <input type="checkbox"/> High Gloss Other: _____	<input type="checkbox"/> Jet Black <input type="checkbox"/> Powder Coat <input type="checkbox"/> Brushed <input type="checkbox"/> Polished <input type="checkbox"/> Plaiting Other: _____	<input type="checkbox"/> Soft Close <input type="checkbox"/> Self Close <input type="checkbox"/> Overlay <input type="checkbox"/> Full Overlay <input type="checkbox"/> Inset <input type="checkbox"/> Full Swing Other: _____	<input type="checkbox"/> Side Mount <input type="checkbox"/> Under Mount <input type="checkbox"/> Self Close <input type="checkbox"/> Touch Latch Other: _____

Drawers: #	Doors: #	Shelves: #	Add-on Features: #
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** Please provide any additional dimensions regarding specifics on the item(s) here**

****Upholstery Only****

Upholstery:	Fill Options:	Stitching Option:	Seat Cushion:
<input type="checkbox"/> Slip Cover <input type="checkbox"/> Tight Seat <input type="checkbox"/> Tight Back <input type="checkbox"/> Seat Cushion <input type="checkbox"/> Fitted Back <input type="checkbox"/> Loose Back Pillows <input type="checkbox"/> Tufted Other: _____	<input type="checkbox"/> Soft Fill (Standard) <input type="checkbox"/> Feather Cloud 50/50 <input type="checkbox"/> Feather Down 10/90 Other: _____	<input type="checkbox"/> Top Stitch <input type="checkbox"/> Blind Stitch <input type="checkbox"/> Double Top <input type="checkbox"/> Piping <input type="checkbox"/> Flat Welt Other: _____	<input type="checkbox"/> Seat Cushion Core <input type="checkbox"/> Seat Cushion No Core Other: _____

****Please include any reference photos or sketches when submitting a quote form and note that quotes are good for 60 days after they've been sent****