

CR2-WM Order Form

**AUDIO VISUAL
FURNITURE
International**

Date _____

AVFI Sales REP _____

Customer Signature _____

Quote No. _____

Customer No. _____

AVFI No. _____

Office Use Only

To generate your order form, please refer to the information provided below to insert the alphabetic and/or numeric code in the respective category boxes. Please note that without this filled out Order Form, your purchase **cannot** be processed.

1 Product Model	2 Finish	3 Chargeable Accessories	4 Custom Cutouts
CR2-WM			N/A

1 Product Model



Code **CR2-WM**

2 Choose Product Finish

Standard Finishes (Ships within 1-15 business days)



3 Chargeable Accessories (Check all that apply)

Code **0** No Accessories

Code **D4** FAN Quiet Cooling Fan Qty: _____

Code **E1** PB 6 Outlet Power Bar Qty: _____

Code **J1** 9107 Lacing Bar Qty: _____

Code **K5** WM-3755 32"-65" Tilt Wall Mount Qty: _____

Code **M6** TVCB Camera Bracket Qty: _____

Code **M9** CS Camera/Codec Bracket Qty: _____

Code _____ Qty: _____

Code _____ Qty: _____

Code _____ Qty: _____

Code _____ Qty: _____

Code _____ Qty: _____

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Code _____ Qty: _____

Comments (Please use this section to provide additional information)

Notes

CAD Drawings/Symbols

CAD drawings are available by request at sales@vegroup.net

Customizations

Modifications to design such as shape and/or size variations have to be quoted on a per case basis and are applicable for quantities of 10+ only.

* **Cutout Required** (Extra Charges will apply)

§ Only on Flat Cutout