

NAME/COMPANY: \_\_\_\_\_

PROJECT: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_

ORDERED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

LOT: \_\_\_\_\_ PLAN: \_\_\_\_\_

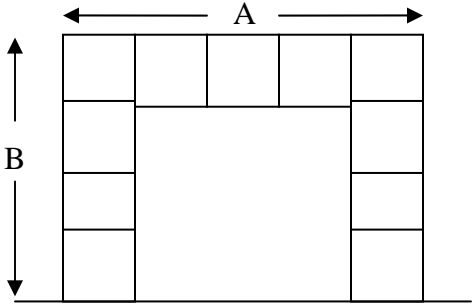
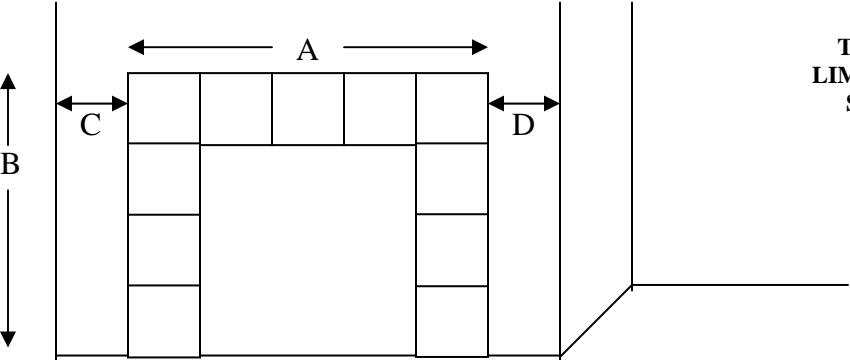
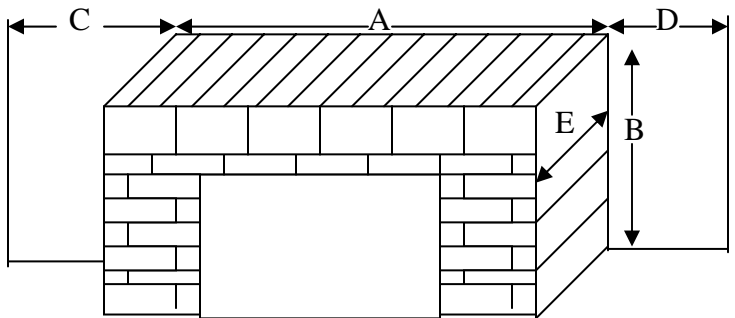
OAK  PAINT   
 MAPLE  CHERRY

LIVING  FAMILY   
 MASTER  OTHER

MANTEL STYLE: \_\_\_\_\_

FULL SURROUND

MANTEL CAP ONLY

<p><b>A:</b> _____</p> <p><b>B:</b> _____</p>		<p>TILE</p>
<p><b>A:</b> _____</p> <p><b>B:</b> _____</p> <p><b>C:</b> _____</p> <p><b>D:</b> _____</p>		<p>TILE w/ LIMITED SPACE</p>
<p><b>A:</b> _____</p> <p><b>B:</b> _____</p> <p><b>C:</b> _____</p> <p><b>D:</b> _____</p> <p><b>E:</b> _____</p>		<p>BRICK, STONE, etc.</p>