

**MAUSOLEUM CHECK LIST**

Phone 1.800.554.8407 | Fax 1.706.283.3424

Customer Account# _____
Customer: _____
Street: _____
City: _____ State: _____
Phone: _____ Zip: _____
Fax/Email: _____

Ship To: _____ Same as Billing _____
P.O. #: _____ Ship Via: _____
Contract#: _____
Lot Location: _____

(REFERENCE MATTHEWS GRANITE MAUSOLEUM INVENTORY SHEETS FOR COLOR, STYLE, FINISH, ETC.)

**GRANITE COLOR:** \_\_\_\_\_

**CRYPTS:**     \_\_\_ Single   \_\_\_ Double   \_\_\_ Three   \_\_\_ Four   \_\_\_ Six   \_\_\_ Other \_\_\_\_\_

**STYLE:**     \_\_\_ Flat Top   \_\_\_ Gable Top   \_\_\_ Sterwald   \_\_\_ Stacked   \_\_\_ Other \_\_\_\_\_

**DOOR:**     \_\_\_ Black Door   \_\_\_ Other (Door Color) \_\_\_\_\_

**CARVING:**   \_\_\_ Yes   Per Design# \_\_\_\_\_   \_\_\_ Per Rubbing   \_\_\_ Per Picture   Other \_\_\_\_\_

**LETTERING:**   \_\_\_ Family Name on Roof   \_\_\_ Lettering on Door   (List Lettering Details Below)   Other \_\_\_\_\_

**SPECIAL FEATURES:**   Letter Style:   Per Design# \_\_\_\_\_   \_\_\_ Per Rubbing   \_\_\_ Per Picture   Font \_\_\_\_\_  
 Cameo   Qty \_\_\_\_\_   Size (Length) \_\_\_\_\_ x (Height) \_\_\_\_\_  
 Orientation:   \_\_\_ Vertical   \_\_\_ Horizontal   \_\_\_ Space Only   \_\_\_ Recess Only   \_\_\_ Recess & Mount  
 Etching:   \_\_\_ Laser   \_\_\_ Glass Art   \_\_\_ Diamond   \_\_\_ Portrait   Design# \_\_\_\_\_   \_\_\_ Per Picture  
               \_\_\_ Black & White   \_\_\_ Color

**LITHO:**     \_\_\_ No   \_\_\_ Yes   Color: \_\_\_ Black   \_\_\_ Gray   \_\_\_ Other \_\_\_\_\_

**VASE:**     Qty \_\_\_\_\_   Size (Length) \_\_\_\_\_ x (Width) \_\_\_\_\_ x (Height) \_\_\_\_\_  
               \_\_\_ Tapered   \_\_\_ Pol2   \_\_\_ Pol5   \_\_\_ Turned (all polished)   \_\_\_ Other \_\_\_\_\_

**ADDITIONAL FEATURES:**   \_\_\_ Patio   Color: \_\_\_\_\_   \_\_\_ Other \_\_\_\_\_  
               \_\_\_ Bench   Style: \_\_\_\_\_   Finish: \_\_\_\_\_   \_\_\_ Other \_\_\_\_\_

Print or type lettering below.

INTEROFFICE USE ONLY	
Estimate #	_____
Order #	_____