

SLANTS ORDER FORM

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: _____

GRANITE COLOR: _____

SLANT: Qty _____ Size (Length) x (Width) x (Height) _____ Pol Face, Sawn Back, BRP Other _____

TOP SHAPE: _____ Serp _____ Straight _____ Oval Per Design# _____ Per Picture Other _____
 _____ Per Rubbing (Attached _____ Mailed Date _____) Other _____

CARVING: _____ Yes Per Design# _____ Per Rubbing _____ Per Picture Other _____

FAMILY NAME ON BACK: _____ No _____ Yes _____ In Polish _____ Frosted Panel _____ Polished Panel Style _____

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 _____

BASE: Qty _____ Size (Length) x (Width) x (Height) _____
 _____ PFT, BRP _____ PFT, Pol 2" Margin _____ Sawn Back _____ Other _____

Print or type lettering below.

INTEROFFICE USE ONLY	
Estimate #	_____
Order #	_____