

WOOD MANTEL MEASURE FORM

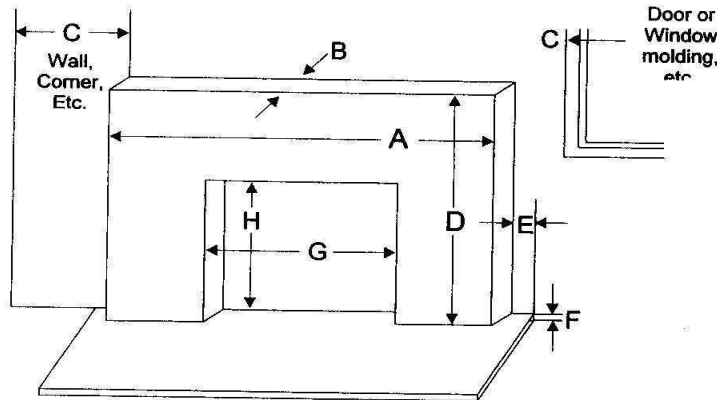
Customer Name: _____ Branch: _____

Contact Name: _____

Phone: _____ Fax: _____

Company Name:	Office Use:
Job Name:	Vendor:
Phone Number:	P.O. #:
Lot Number:	Ordered by:
Mantel Style:	Job #:

Wood (circle one): Paint Grade Oak Maple Cherry



A _____ (Largest) B _____ (Thickest) C _____ (Smallest) D _____ (Tallest)

E _____ F _____ G _____ H _____

I authorize you to manufacture the indicated mantel using the dimensions given for the specific lot listed.

Signature _____ Date _____