REQUEST FOR QUOTATION

Monumental Sales, Inc. Fax (320) 251-6547

Contractor/Salesperson _____ Date _____

Address: _____ City _____

State _____ Zip _____ Phone No.: _____ Fax No.: _____

Response Wanted By: _____ E-mail: _____

Type of Request: ❑ Drawing Only ❑ Price Quote Only ❑ Both

Return Via: ❑ E-mail ❑ Fax

Color of Granite _____ Design No. _____ Family Name on Back Yes ❑ No ❑

SPECIFICATIONS

TABLET SIZE ' " ' " ' "
LENGTH WIDTH HEIGHT

FINISH: POL.2 ❑ POL.3 ❑ POL.5 ❑ OTHER ❑ _____

BACK: POLISH ❑ SAWED ❑ RUSTIC ❑

TOP: SERP. ❑ FLAT ❑ OVAL ❑ OTHER ❑ _____

NOTES: _____

SLANT SIZE ' " ' " ' "
LENGTH WIDTH HEIGHT

SLANT TYPE: LOWER NOSING ❑ FULL FACE ❑

FINISH: POL.1 ❑ POL.2 ❑ POL.3 ❑ POL.5 ❑ OTHER ❑ ____

BACK: POLISH ❑ SAWED ❑ RUSTIC ❑

TOP: SERP. ❑ FLAT ❑ OVAL ❑ OTHER ❑ _____

NOTES: _____

BASE SIZE ' " ' " ' "
LENGTH WIDTH HEIGHT

FINISH: _____

NOTES: _____

BEVEL MARKER SIZE ' " ' " ' "
LENGTH WIDTH HEIGHT

FINISH: _____

STANDARD 2" BEVEL ❑ OTHER ❑ _____

NOTES: _____

FLAT MARKER SIZE ' " ' " ' "
LENGTH WIDTH HEIGHT

SIDES: RUSTIC ❑ SAWED ❑ EITHER ❑

PENCIL ROUND EDGES ❑ ABOVE GROUND PLACEMENT ❑

LAWN LEVEL PLACEMENT ❑

NOTES: _____

DUPLICATE NO ❑ YES ❑ If yes 1) Are we duplicating carving only? ❑

2) Duplicating carving and specifications? ❑

Please enclose rubbing and photo when duplicating

Slant duplication measurements: Width Upper Nosing at Center: _____ Height Lower Nosing: _____

Bevel duplication measurements: Height of Back: _____ Height of Front: _____

Are letters to be darkened? No ❑ Yes ❑ _____

Miscellaneous Notes: _____

Rough Sketch:

All Quotes Will Reflect Retail Pricing