

# FIREPLACE OVER MANTELS

## UNIT DIMENSIONS

| Item Number | Color<br>(Click to View Colors) | A | B | C | D | E | Qty. |
|-------------|---------------------------------|---|---|---|---|---|------|
|             |                                 |   |   |   |   |   |      |
|             |                                 |   |   |   |   |   |      |
|             |                                 |   |   |   |   |   |      |
|             |                                 |   |   |   |   |   |      |

### Account Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Fax completed form to:

Capital Cast Stone  
(765) 482-3355 Fax