



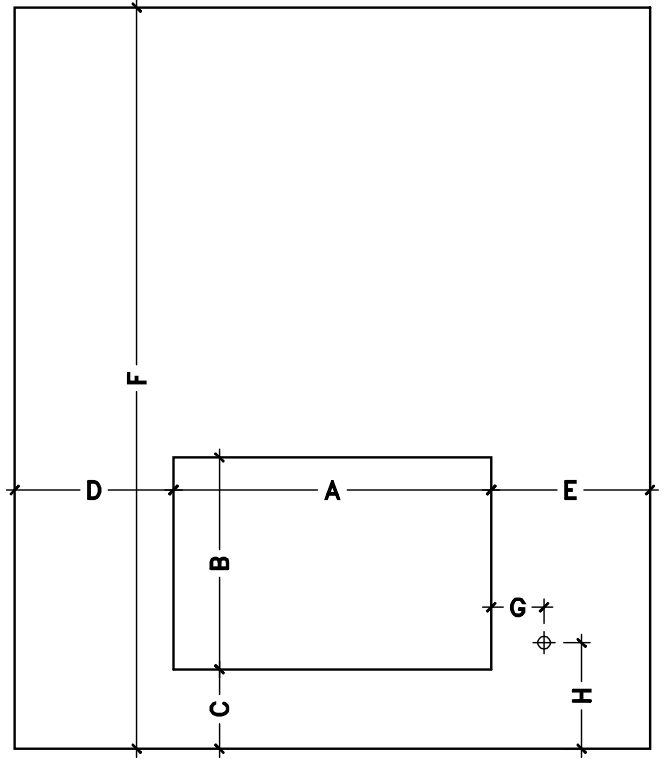
MANTEL FIELD DIMENSION FORM

CUSTOMER INFORMATION

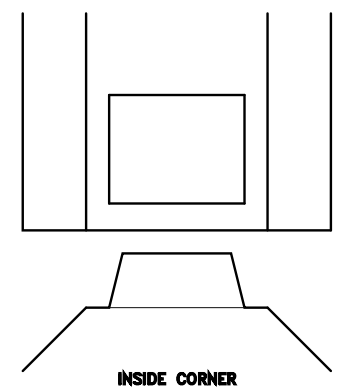
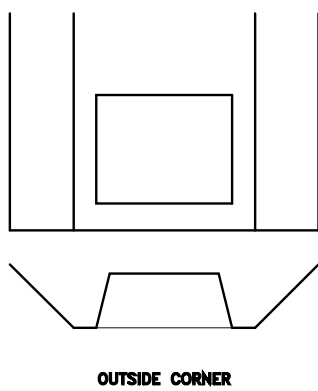
CONTACT PERSON: _____
COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE #: _____ FAX #: _____
PROJECT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
SALESMAN: _____

MANTEL INFORMATION

AMS MANTEL NUMBER: _____
CUSTOM MANTEL: YES OR NO
REFERENCE JOB: _____
PHOTOS PROVIDED: YES OR NO
LOCATION (ROOM): _____



CUSTOMER COMMENTS: _____



SALESMAN NOTES: _____

