

**Benchmark Monument**

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DATE

MONUMENT................

KIND OF MATERIAL MARKER......................

QTY TYPE LENGTH WIDTH HEIGHT FINISH / SHAPE VASE(S).......................

#1 EXTRA LETTERING....

#2 ....

#3 ....

#4 FOUNDATION….. .......

#5 SUB-TOTAL…..............

#6 SALES TAX..................

#7 INSTALL/DELIVERY....

DESIGN APPLICABLE FEES.....

TOTAL PRICE..............

**CARVING:** FLAT SHAPE ETCHING **SPECIAL ARTWORK:** YES NO AMOUNT PAID............

**FAMILY NAME ON BACK:** YES NO **MATCH RUBBING:** YES NO BALANCE DUE............

**LETTERING FACES:** E W N S ON LEFT **NAME POSITIONS CHECKED:** YES NO

MEMORIAL TO BE DELIVERED TO CEMETERY IN/NEAR

NAME & PHONE # OF PERSON WHO CAN SHOW LOCATION IN CEMETERY

**FRONT**

**LETTERING OTHER THAN ABOVE WILL BE DONE FOR A CHARGE AT THE RATE PREVAILING AT THE TIME ADDITIONAL LETTERING IS ORDERED**

LOCATION IN CEMETERY SIGNATURE

SECTION BLOCK NAME

LOT SPACE(S) ADDRESS

MONUMENT COMPANY REPRESENTATIVE CITY STATE

ZIP PHONE