

COPING

END CONDITION (Click to View Ends)

| Item Number | Color <small>(Click to View Colors)</small> | Height Y | Width X | Length Z | Finished End | | Outside Corner | | Inside Corner | | Qty. |
|-------------|--|-------------|------------|-------------|--------------|---|----------------|---|---------------|---|------|
| | | | | | L | R | L | R | L | R | |
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Account Contact Information

First Name: _____ Last Name: _____

Company Name: _____

Phone Number: _____ Fax Number: _____

Fax completed form to:

Capital Cast Stone
(765) 482-3355 Fax