

<input type="checkbox"/> Stone Legends	Phone: 800-398-1199	Fax: 214-398-1293
<input type="checkbox"/> Stone Magic	Phone: 800-597-3606	Fax: 214-823-4503
<input type="checkbox"/> Stone Origins	Phone: 888-398-1299	Fax: 214-398-1293

Co Info Doc 3426

CASH & CARRY INVOICE # CC _____

Client Name: _____		Company Name: _____	
Address: _____		City: _____	State: _____ Zip: _____
Phone: (_____) _____ - _____		Fax: (_____) _____ - _____	
Source: _____		Email: _____ @ _____	
Existing Customer? Yes or No		Contact ID #: _____	Page 1 of _____

Item #	Master Part #	Unit ID #	Profile Name or Description	Dimensions	Part/Unit Price	Qty	Item Total
1					\$		\$
2					\$		\$
3					\$		\$
4					\$		\$
5					\$		\$
6					\$		\$
7					\$		\$
8					\$		\$
9					\$		\$
10					\$		\$
Subtotal Page 1							\$
Subtotal Page 2							\$
Grand Total							\$
Received by Client Initials: _____ Date: _____					Local Delivery \$75		\$
Delivery Address: _____							
Resale or Exemption Certificate Attached					Texas State Sales Tax @ 8 ¼%		\$
Total Amount Due							\$
Cash	Check #	Credit Card Authorization Attached			Total Paid		\$

All material is sold on an "as is" basis. All sales final. No returns accepted. All sales are subject to Texas State Sales Tax at 8 ¼% unless valid resale or exemption certificate is provided. Client is responsible for dimensions, quantities, and color choice. Delivery within 35 mile radius only. Payment in full required with order.

Customer Signature: _____ **Authorized Signature:** _____

(For internal use only)

Shipping Dept: Make of Vehicle: _____ Model: _____ License Plate #: _____ # of pallets: _____ # of crates: _____

Finance Dept: Job #: _____ Job Processing Date: _____ Processed by: _____

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Item #	Master Part #	Unit ID #	Profile Name or Description	Dimensions	Part/Unit Price	Qty	Item Total
11					\$		\$
12					\$		\$
13					\$		\$
14					\$		\$
15					\$		\$
16					\$		\$
17					\$		\$
18					\$		\$
19					\$		\$
20					\$		\$
21					\$		\$
22					\$		\$
23					\$		\$
24					\$		\$
25					\$		\$
26					\$		\$
27					\$		\$
28					\$		\$
29					\$		\$
30					\$		\$
31					\$		\$
32					\$		\$
33					\$		\$
34					\$		\$
35					\$		\$
36					\$		\$
37					\$		\$
38					\$		\$
39					\$		\$
Total (copy to page 1)							\$