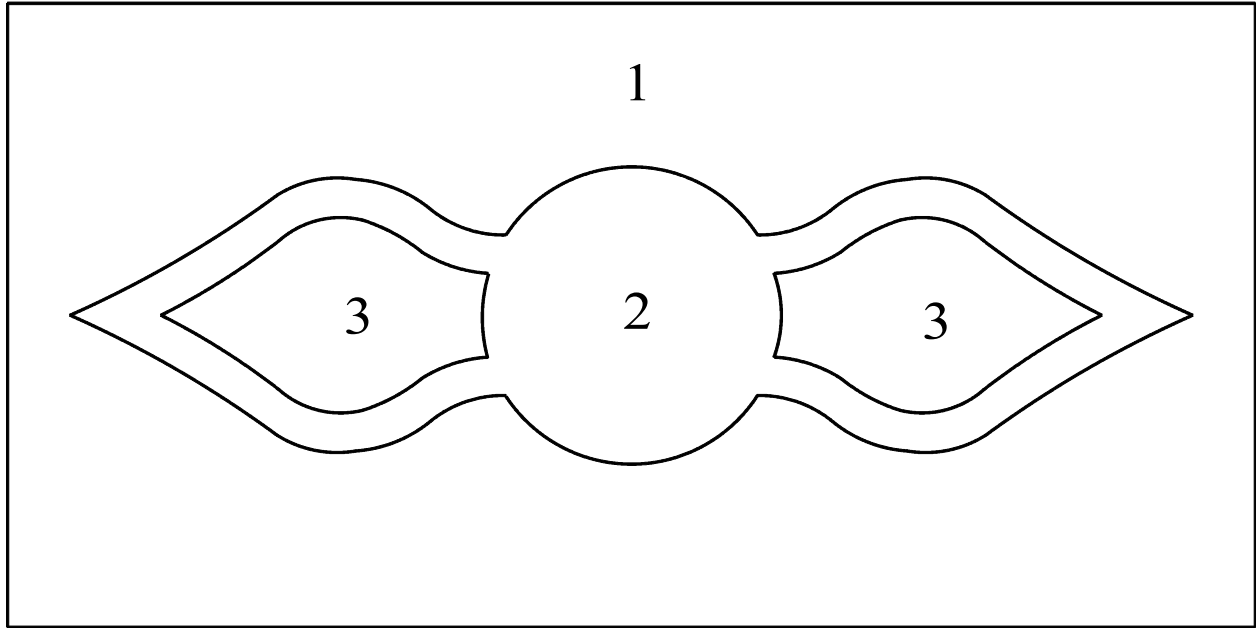


MEDICI

6"x12"

REQUIRED _____



MATERIAL COLORS

REQUIRED _____

1 _____

2 _____

3 _____

POLISHED _____ ANTIQUED _____

DATE: _____

NAME: _____

COMPANY: _____

MEDALLION \$ _____

FREIGHT \$ _____

TAXES \$ _____

TOTAL \$ _____

APPROVAL _____

