Inscription Order Form



Eickhof Columbaria, Inc. 1200 Bruce Street Crookston, MN 56716 Phone: (800) 253-0457

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For office use only					
Date:			Lines:		
Size:			Price:		
Shipper:			Other:		
APPROVED HIGHLIGHT COLOR IS:		Shipping:			
		Sent By:			
			Sent Date:		

*no warranty on lithichrome highlight

Customer Address ^{1a} Billing address	Shipping Address ^{1b}	Same as Customer Billing address
Location Name:	Location Name:	
Attention:	Attention:	
Address 1:	Address 1:	
Address 2:	Address 2:	
City, State, Zip:	City, State, Zip:	
Phone:	Phone:	
Date Ordered: Niche Identifier ^{2a} :	Retu	rn By Date ^{3a} : Shipping Service ^{3c}
	7	Ground
Ordered By ^{2b} :		Standard 3-Day
		Rush (\$75) ^{3b} 2-Day
Approved By ^{2c} :		Overnight
Name to be Inscribed ^{5aa} (approximately 23 characters	per line)	Your Approved
This inscription will be on the 5b: Top Bottom Cent	ter Name Fitting ^{5c} :	Template is ⁶ :
Line 1:	Best Fit	
Line 2:	As Ordered Contact Me	
Line 3:	Other Notes ^{5e} :	
Birth Date ^{5d} : Death Date: Eickhof will NOT inscribe the birth date only (pre-need)		
when both dates are on <u>one</u> line. ^{5f}		
2nd Name to be Inscribed fineeded (approxim	nately 23 characters per line)	Front Size:
This inscription will be on the 5b: Top Bottom	Name Fitting⁵c:	Font:
Line 1:	Best Fit	Name Size:
	As Ordered	
Line 2:	Contact Me	Date Size:
Line 3:	Other Notes ^{5e} :	Notes:
Birth Date ^{5d} : Death Date:		
Eickhof will NOT inscribe the birth date only (pre-need)		
when both dates are on <u>one</u> line. ^{5f}		
Proof Required ⁷ ? Send to email:		Other Inscription Items
Other Notes ⁸ :	-Military Star	
		-Dividing line
		-Emblems
	[c	
Last Updated: 5/10/18 Form pro	ovided to customer on: SAMPLE	