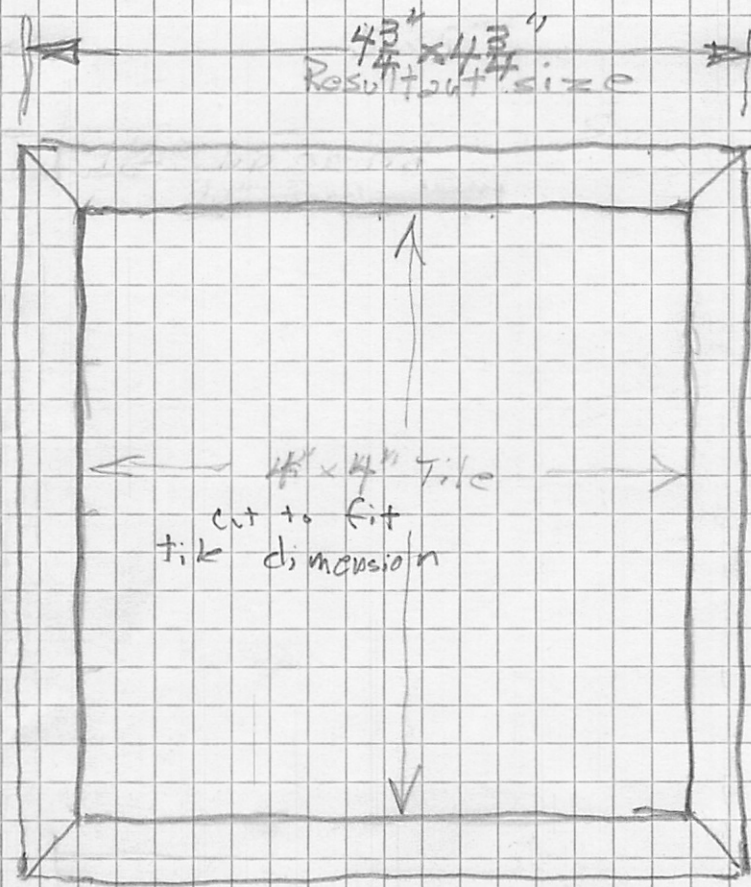


JEWELRY BOX - GIRLS

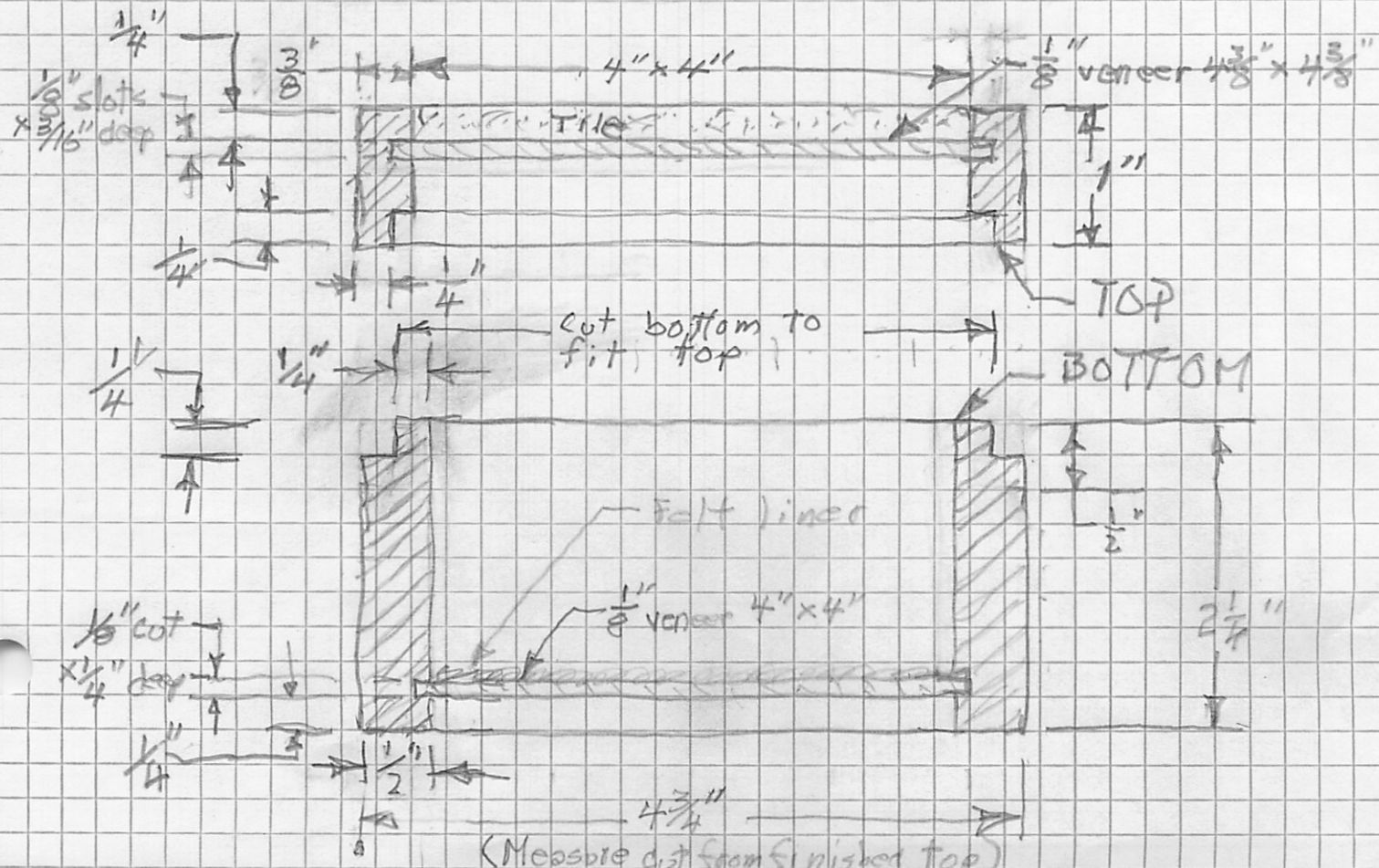
For 4" x 4" Tile shown

(Full Scale)



Cut top to fit tile

Cut bottom to fit top



9/16"

3/8"

2' x 2 3/4" ea bay
or 1' x 6"

2' x 1 1/2" ea bay
~~or~~

~~12~~

3/8" x 6" x 4' (5' 6")
or

9/16" x 6" x 12' (14')

~~3/8" x 4" x 6'~~

\$2.33/ft

9/16" x 9 1/2" x 8'

5.05/ft

44.
5



SIC SANTA CLARA LUMBER & MILLWORK

1650 CLAY STREET
 SANTA CLARA, CA 95050
 (408) 241-8777
 FAX (408) 241-2054

CUSTOMER

104700

DATE 8-23 19 91

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CASH VISA/MC COD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLERK <u>R2</u>	DATE REQUIRED	TIME A.M. / P.M.	WILL CALL <input type="checkbox"/>	DEL. <input type="checkbox"/>	DELIVERY TIME LEFT _____ RTD. _____
--	--------------------	---------------	---------------------	---------------------------------------	----------------------------------	--

PCS	SIZE	LENGTH	DESCRIPTION	FEET	TOTAL FT.	PRICE	EXTENSION
1	1 X 10	8	OAK			5.05	40.40
1	1 X 6	4	OAK			2.83	11.32
	X	-					
	X	-	Milling.				5.00
	X	-	PLANING				
	X	-	1 X 10 to 9/16"				
	X	-	1 X 6 to 3/8"				
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					
	X	-					

IF RETURNED REASON FOR RETURN _____

TALLIED BY <u>[Signature]</u>	HAULED BY _____	SALES TAX <u>4.68</u>
MATERIALS RECEIVED IN GOOD CONDITION BY X _____		TOTAL <u>61.40</u>

NO CREDITS ALLOWED AFTER MATERIAL IS UNLOADED. 15% HANDLING CHARGE ON ALL RETURNS.
 PLEASE BE CAREFUL IN CHECKING AFTER DELIVERY TAG IS SIGNED. WE CANNOT ALLOW FOR ANY SHORTAGES ON ABOVE ITEMS AFTER 24 HOURS. WE WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED BY DELIVERY INSIDE CURB LINE.

(Trainers - Corey & Sean.)

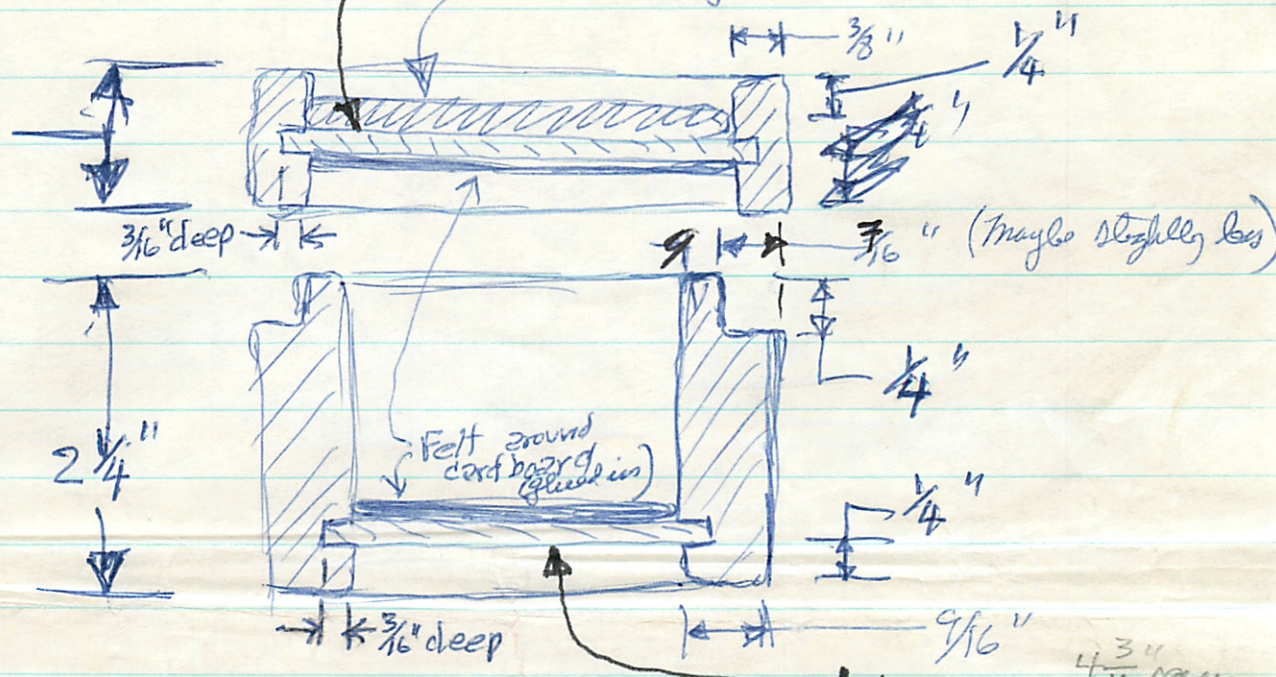
Jewelry Box (Grand Daughters)

1 1/2" better

1 1/2" (circled)

1/8" veneer cut 4 11/16" square.

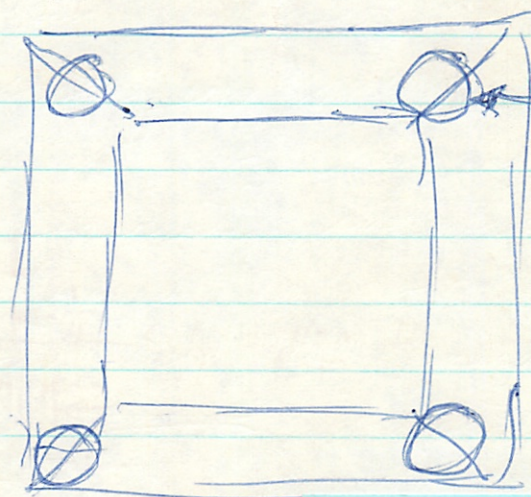
tile (glued in)



1/8" veneer cut 4 11/16" square.

pads (glued on)

5 1/16" Resultant Dimension



Cut groove that SIDE of lid fits into wider than side of lid.

July	111	Turkapan
Feb	1	Violet
Mar -	1	Jonquil
May	1	Lily of the valley
Aug	1	Narcissus
Sep	1	Aster
Oct	111	Calendula
June	11	Rose.

COMMERCIAL ACCOUNTS PLEASE
MAKE PAYMENTS TO THE ABOVE ADDRESS

INVOICE H 841017

STORE NUMBER _____

TYPE OF SALE CASH CHECK # _____ CREDIT CARD CHARGE COLOR CREDIT

SOLD BY _____ REGION _____ DATE _____ 19__

CUSTOMER NAME
Robert & Janet Aldridge

COMPLETE MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

AREA CODE *248-1815* PHONE NUMBER _____

ACCOUNT NO. _____

JOB SITE: Fill in completely if customer is a holding or management company.

CUSTOMER NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PURCHASE ORDER NO. _____

TELEPHONE APPROVAL NO. & DATE _____

COLOR TILE
2125EL CAMINO REAL SANTA CLARA
CA 95051 (408)247-2350
NO RETURNS ON SPECIAL ORDERS

--- SALE ---

SINGLE DECO INSERT ALL
4025409
13 \ 4.99 64.87
64.87 S
TAX @ 8.250% 5.35
TOTAL 70.22 T
CHECK 70.22
CHANGE DUE 0.00
TRAN # 04563 00008
09124 010 00001 10/12/91 13:04

TYPE OF REFUND CASH CREDIT CARD COLOR CREDIT IN STORE CHARGE SDR

SOLD BY ORIGINALLY _____

REFUND WRITTEN BY _____

ORIGINAL PURCHASE BY: (Check One) CASH CHECK CREDIT CARD OTHER

CASH _____

CREDIT CARD _____ Please attach credit card slips

CHARGE ACCOUNT _____

APPLY TO NEW PURCHASE: INVOICE NO. _____

NEW PURCHASE (Gross) \$ _____

REFUND (-) \$ _____

DIFFERENCE (+ or -) \$ _____

INV. NO. _____ DATE _____

LIST ALL INVOICE NUMBERS AND DATES FROM ORIGINAL INVOICES

QTY.	STOCK #	DESCRIPTION	RUN NO.	PRICE	AMOUNT
13		Sngl Decos		4.99	
1		G-360-02			
1		G-360-03			
1		G-360-05			
2		G-360-06			
3		G-360-07			
1		G-360-08			
1		G-360-09			
3		G-360-10			
		ON BG-11			

ORIGINAL LAYAWAY INVOICE DATE: / /

LAYAWAY OLD BALANCE: _____

LAYAWAY PAYMENT REC'D: _____

LAYAWAY NEW BALANCE: _____

ENTER IN PAYMENT SECTION LOWER RIGHT HAND CORNER

ALL REFUNDS WILL BE PAID BY A CORPORATE CHECK. YOU SHOULD RECEIVE THE CHECK FOR THIS AMOUNT WITHIN TWO WEEKS. SPECIAL ORDER ITEMS ARE SUBJECT TO A RESTOCKING CHARGE.

CUSTOMER SIGNATURE CONDITION OF SALE AGREEMENT ON REVERSE SIDE
COMMERCIAL ACCOUNTS TERMS ARE NET 10TH.

X

AMOUNT OF SALE	
SALES TAX	
TOTAL	
LAYAWAY R. O. A. PAYMENT	
SALE AMOUNT	
TAX AMOUNT	

ATTENTION: PLEASE PRINT CUSTOMERS NAME BELOW SIGNATURE

X _____ DOLLARS

WRITE OUT REFUND AMOUNT ON THIS LINE

X _____ X _____

SALESPERSON SIGNATURE _____ MANAGER AUTHORIZATION _____

THANK YOU!