



CUSTOM MAT WORKSHEET

COMPANY NAME: _____ ACCOUNT #: _____

OUTSIDE DIMENSION OF MAT: Horizontal: _____ x Vertical: _____

INSIDE OPENING (if multiples see below): Horizontal: _____ x Vertical: _____

MAT BORDERS: Top: _____ Bottom: _____ Left: _____ Right: _____

Please specify C - Crescent OR B - Bainbridge (ie: C-988):

Mat #1 (Top): _____

Mat #2 (Middle): _____ Amount to show (reveal): _____

Mat #3 (Bottom): _____ Amount to show (reveal): _____

STYLE OF MAT OPENING: Rectangle Oval Special Cut: _____
 Bevel Reverse Bevel No Bevel

**Please contact our frame room at 1-800-323-3575 for information or questions about specialty cuts or corners

SPECIAL INSTRUCTIONS (ie float on bottom mat, v-groove, french lines, splice, foamcore spacers, etc):

Use the space below to diagram the measurements and to indicate placement of openings for your requested mat. Please be as specific as possible about spacing between each opening (if multiples) as well as border dimensions and/or reveal dimensions.



DELIVERY: Pick-Up Gemini Truck *UPS *FedEx *SpeeDee *add'tl packing or shipping charges may apply

Deliver To Address: _____

I hereby authorize the above work to be completed with any materials or supplies required.

I assume all risk and liabilities. Gemini liability limited to \$250.00. Not responsible for work left over 30 days.

SIGNED: _____ DATE: _____

