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FABRICATION INQUIRY (please fax this completed page to: 585-334-0241)

CUSTOMER _____ DATE _____
CONTACT _____ TITLE _____
PHONE _____ ACCOUNT _____
FAX _____ E-MAIL _____

⇨ IS THIS ITEM A STOCK PRODUCT WITH SOME TYPE OF MODIFICATION?
A. OUR STOCK NO. _____
B. MODIFICATION: _____
C. REASON: _____

⇨ CUSTOMER'S NAME OF ITEM _____
USAGE _____
DESCRIPTION: _____ MATERIAL _____
DIMENSIONS _____ ❑ ID ❑ OD
CHEM. LIMITS _____
THERM. LIMITS _____
STRUCT. LIMITS _____
ALSO NOTE _____

⇨ SKETCH:

OTHER CRITERIA:
PREVIOUSLY ORDERED # _____ DATE _____ REDO ❑ YES ❑ NO

⇨ QUANTITY _____
REQUESTED DELIVERY _____
PRINT INCLUDED ❑ YES ❑ NO PRINT AVAILABLE ❑ YES ❑ NO
CALL CUSTOMER ❑ YES ❑ NO
SAMPLE INCLUDED ❑ YES ❑ NO: _____