Cut Sheet: Transition Duct

Date:_____

Page: _____ of _____

Customer Information- Please fill out information

Billing:

Customer Name:_____

Address:_____

_____

_____

Phone Number:_____

Email:_____

Delivery Address: ☐ Same as Billing

Address:_____

_____

_____

☐ Will Call/ In-store Pick Up

PO Number:_____

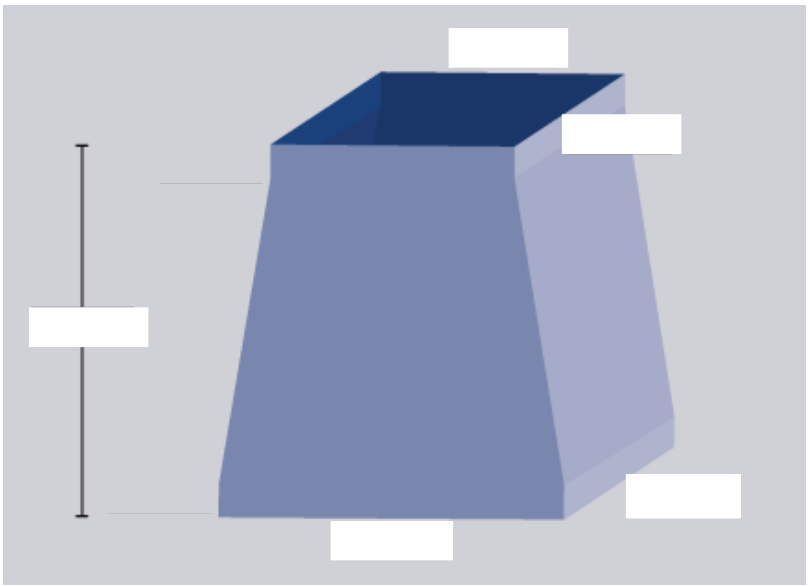
Contact Name:_____

Material:	Gauge:	Liner:
☐ Galvanized	☐ 26 ☐ 24 ☐ 22 ☐ 20	☐ 1"
☐ Other:_____	☐ Other:_____	☐ Other:_____

Special Instructions:

Please select a fitting, then provide a sketch in the space provide:

Please fill in the blankets in the space provide:



All Sheet Metal shop@all-sheetmetal.com (775)-372-9023 605 Spice Islands Dr, Sparks, NV 89431