



Cut Sheet: Flat Stock

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:
 Galvanized
 Other: _____

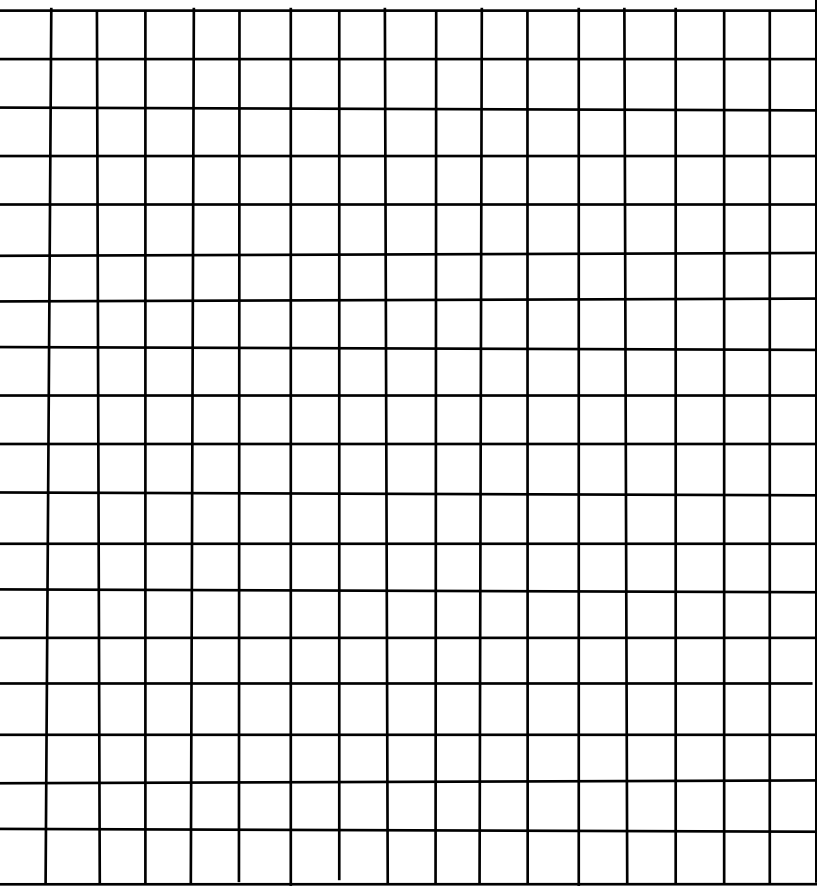
Gauge:
 26 24 22 20
 Other: _____

Liner:
 1"
 Other: _____

Special Instructions:



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



Please fill in the blankets in the space provide:

