



**Cut Sheet: Straight Offset**

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: \_\_\_\_\_

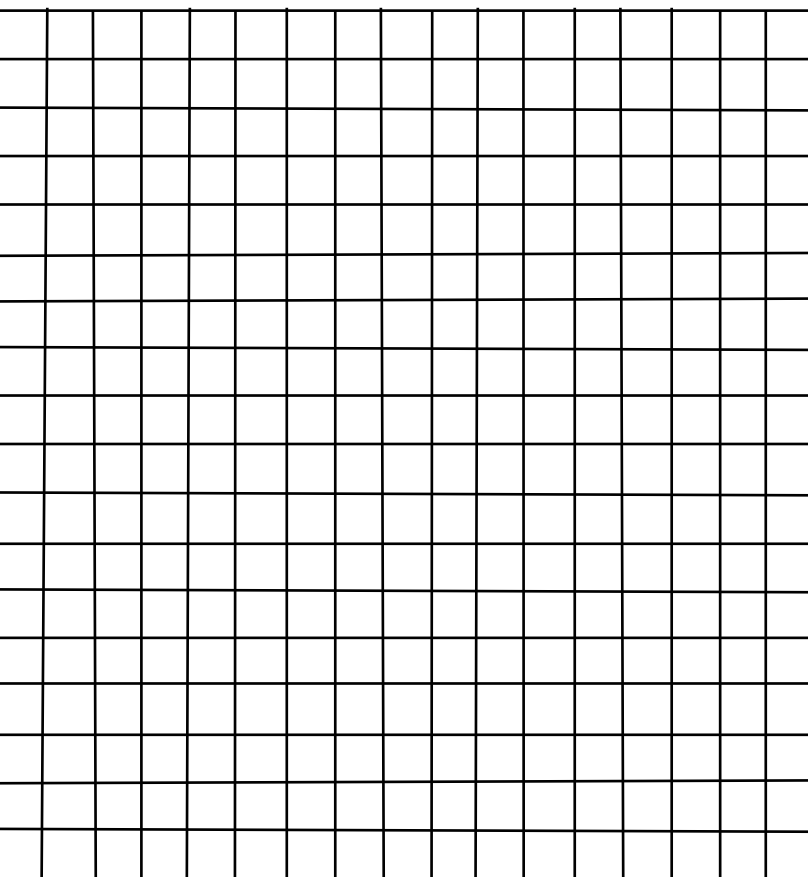
**Gauge:**  
 26    24    22    20  
 Other: \_\_\_\_\_

**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:

