

# STAMPED

Date: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
PO# \_\_\_\_\_  
Quote# \_\_\_\_\_

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Referred By: \_\_\_\_\_

**Quantity:** \_\_\_\_\_

Size	I.D.	OAL

Temperature	Min	Max

Application	Type:

Media	Gas	Liquid	Cleaned for Oxygen	
			Yes	No

Pressure	Max Working Pressure

Ends	Style / Alloy	Style / Alloy	Accessories

Delivery	Date Required	Packaging	Test Requirements	Ship Via:

Special Requirements: \_\_\_\_\_