



# STAMPED

Order: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

PO# \_\_\_\_\_

Quote# \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

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

<b>S</b> ize	I.D.	OAL	
<b>T</b> emperature	Min	Max	
<b>A</b> pplication			
<b>M</b> edia	Gas	Liquid	Cleaned for Oxygen
			Yes No
<b>P</b> ressure	Max Working Pressure		
<b>E</b> nds	Style / Alloy	Style / Alloy	Accessories
<b>D</b> elivery	Date Required	Packaging	Test Requirements Ship Via:
Special Requirements:			

Hose Type	Braid #	Fitting Size	First End Fitting	Second End Fitting	Accessories	Size in Inches

Braid # is Hose Type Cell 2 for Teflon Assemblies