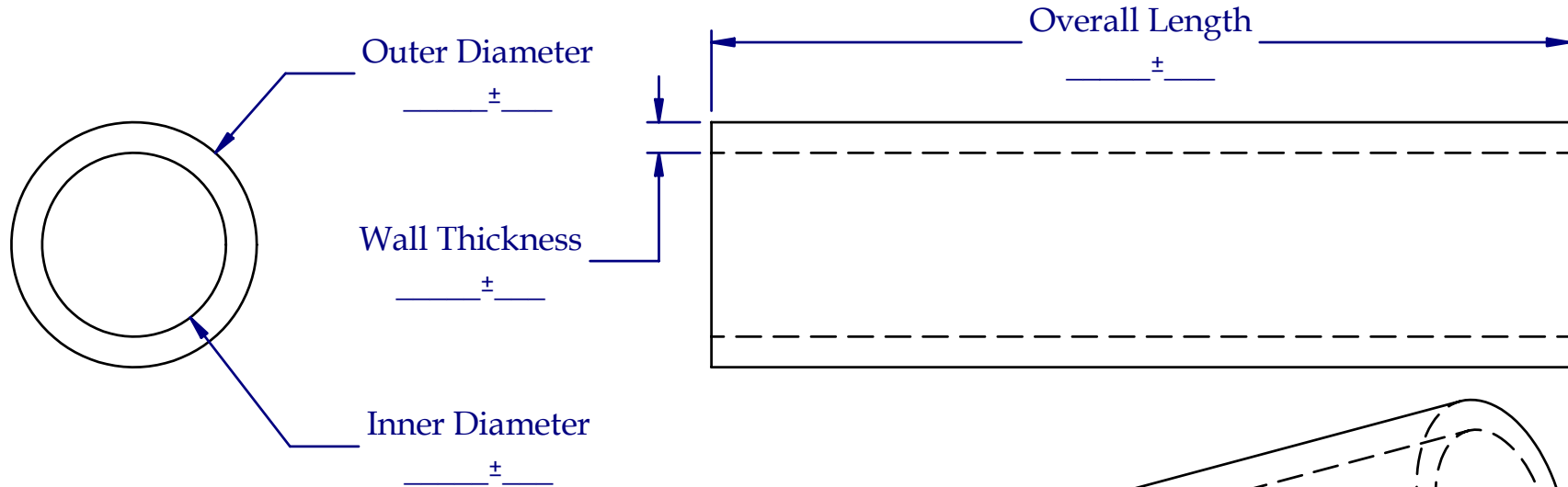


Round Capillary Tubing Custom Quote

Units: _____

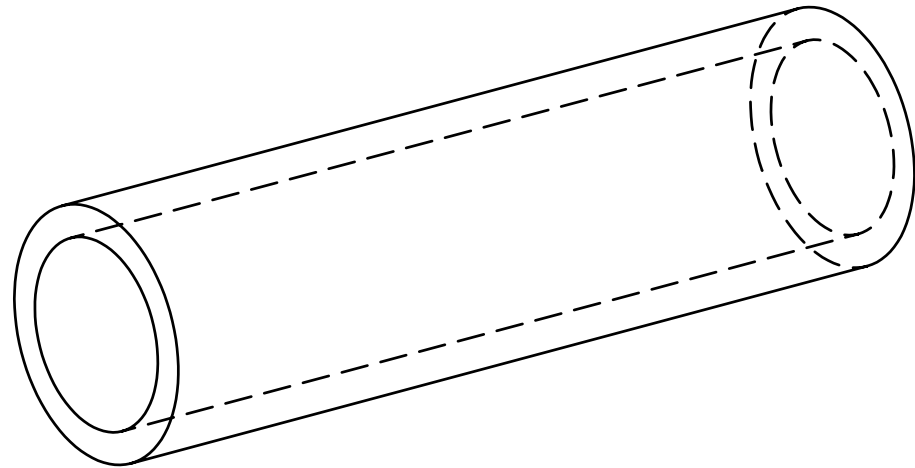
REVISIONS			
REV	DATE	DESCRIPTION	APPROVED
000		ORIGINAL ISSUE	

Additional Notes: _____



Please fill out your contact information.

Name:
 Company:
 Phone #
 Fax #
 Email:



Fill out the critical dimensions(non-essential dimensions may be left blank), material, and quantity desired and fax to: (973) 402-1445



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Title :
 Material :
 Finish :

Drawn by : J. DiBernard
 Designed by : P. Motyka
 Checked by :

Date :
 Date :
 Date :

Third Angle Projection

 Do Not Scale Drawing