

CUSTOMER INFORMATION

NAME: _____

COMPANY: _____

EMAIL: _____

PHONE: _____

FAX: _____

GLASS TYPE: (circle one)

BOROSILICATE

CLEAR FUSED QUARTZ

SYNTHETIC FUSED SILICA

OTHER _____

TUBING END FINISH:

(circle at least one)

SNAP CUT

SAW CUT

LAPPED

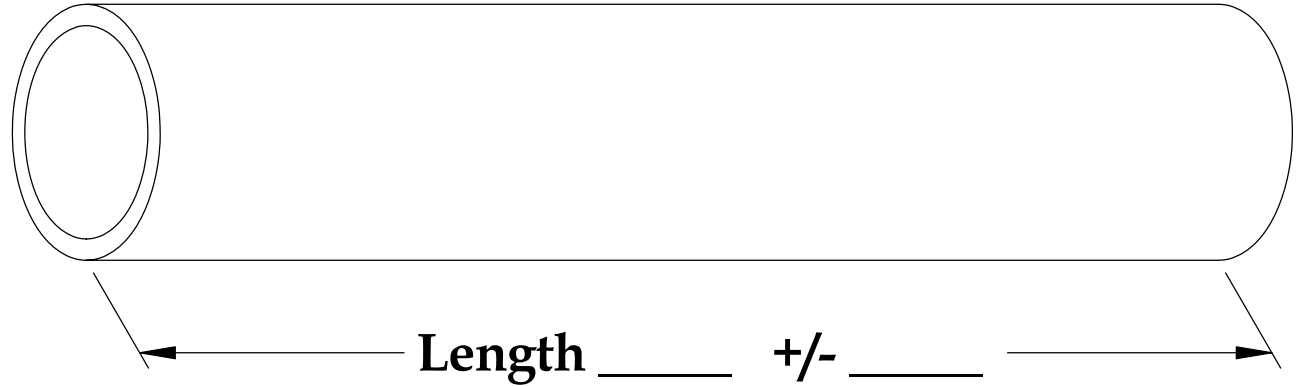
FIRE POLISHED

ONE END SEALED

QUANTITY: _____

NOTES / COMMENTS

UNIT OF MEASURE (circle one): mm (preferred) or inches

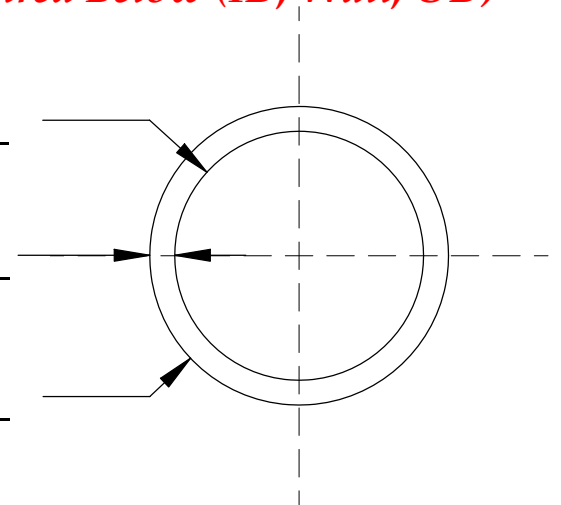


Minimum of 2 Dimensions Required Below (ID, Wall, OD)

ID \varnothing _____ \pm _____

Wall _____ \pm _____

OD \varnothing _____ \pm _____



WWW.VITROCOM.com

EMAIL : Sales@VitroCom.com PHONE : (973) 402-1443 FAX : (973) 402-1445