

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

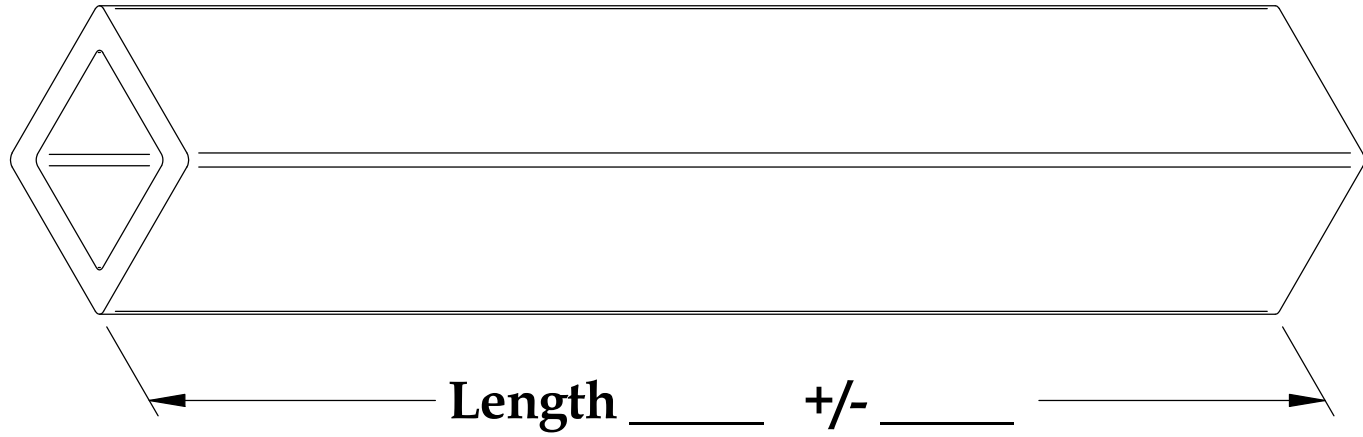
FIRE POLISHED

ONE END SEALED

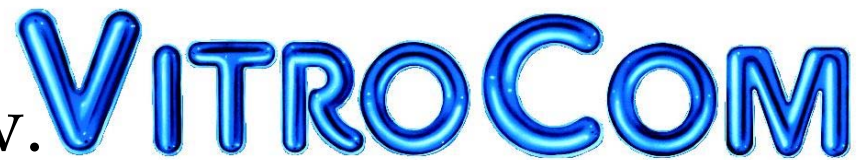
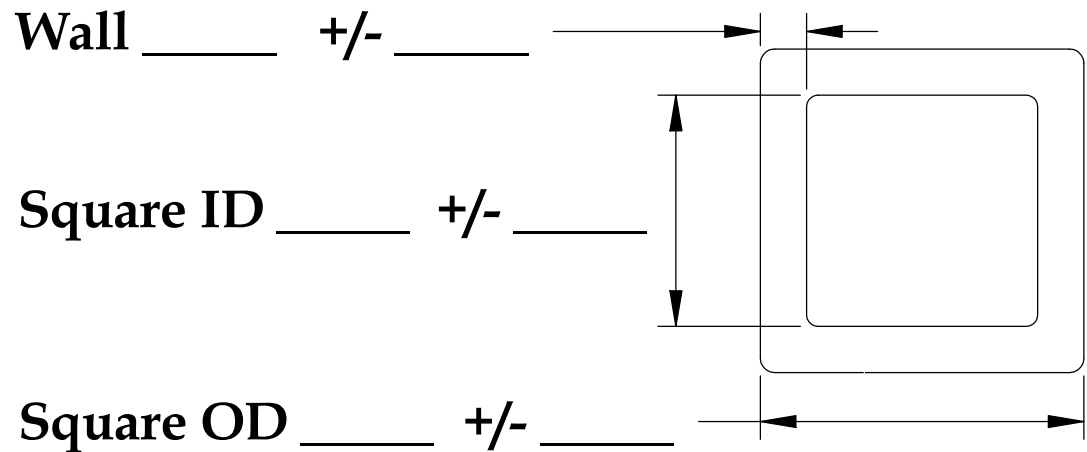
QUANTITY: _____

NOTES / COMMENTS

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



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



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