

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

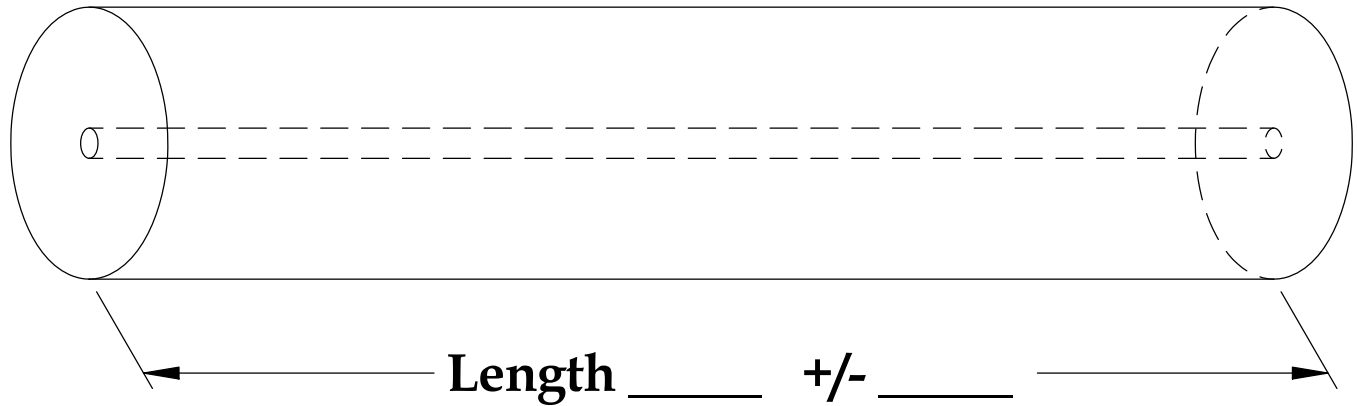
ONE END SEALED

QUANTITY: \_\_\_\_\_

NOTES / COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

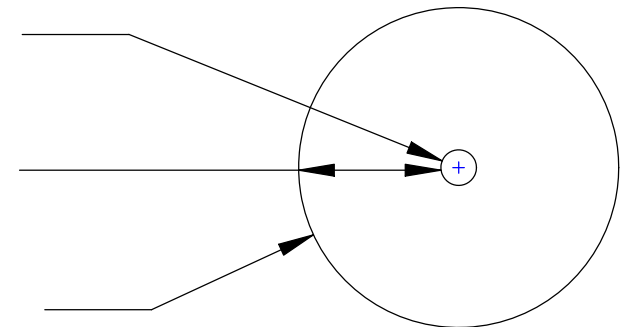


*Minimum of 2 Dimensions Required Below (ID, Wall, OD)*

ID  $\emptyset$  \_\_\_\_\_ +/- \_\_\_\_\_

Wall \_\_\_\_\_ +/- \_\_\_\_\_

OD  $\emptyset$  \_\_\_\_\_ +/- \_\_\_\_\_



WWW.VITROCOM.com

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