

CUSTOMER INFORMATION

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

GLASS TYPE (select one option)

- BOROSILICATE
- CLEAR FUSED QUARTZ
- SYNTHETIC FUSED SILICA
- OTHER \_\_\_\_\_

END FINISH (select at least one option)

- SNAP CUT
- SAW CUT (325 Grit)
- LAPPED (400, 600, or 1000 Grit)
- MECHANICALLY POLISHED (3um)
- FIRE POLISHED
- ONE END SEALED

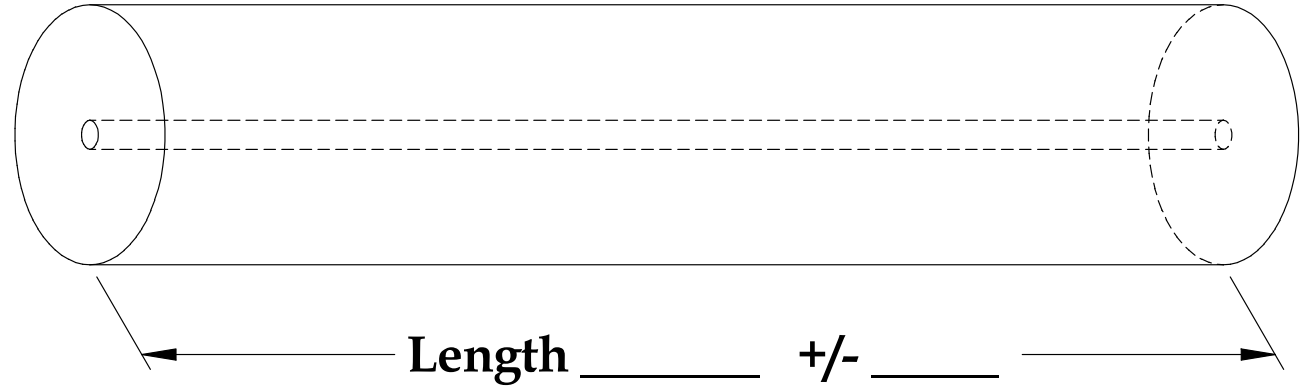
QUANTITY: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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

# HEAVY WALL CAPILLARY - GLASS TUBING

UNIT OF MEASURE:  mm (recommended)  inches

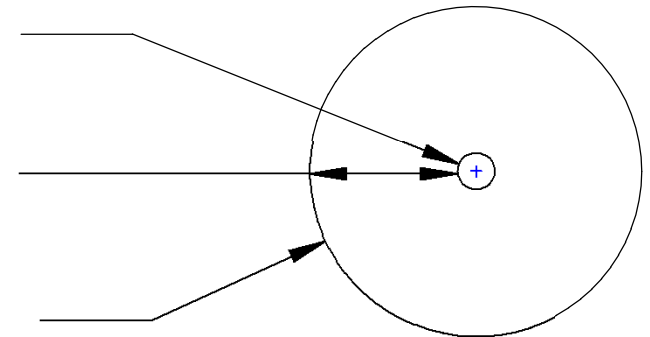


Minimum of two dimensions required below (ID, Wall, OD)

ID  $\varnothing$  \_\_\_\_\_ +/- \_\_\_\_\_

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

OD  $\varnothing$  \_\_\_\_\_ +/- \_\_\_\_\_



# VITROCOM

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