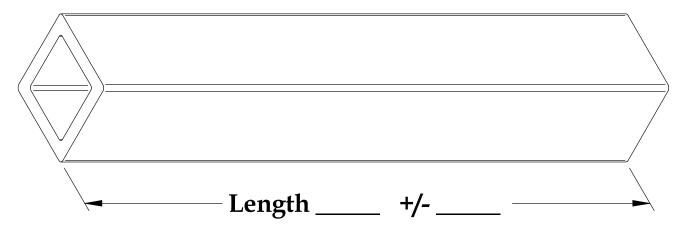
## CUSTOMER INFORMATION NAME: \_\_\_\_ COMPANY: \_\_\_\_\_ EMAIL: PHONE: \_\_\_\_ GLASS TYPE (select one option) ☐ BOROSILICATE ☐ CLEAR FUSED QUARTZ ☐ SYNTHETIC FUSED SILICA □ OTHER END FINISH (select at least one option) □ SNAP CUT ☐ SAW CUT (325 Grit) ☐ LAPPED (400, 600, or 1000 Grit) ☐ MECHANICALLY POLISHED (3um) ☐ FIRE POLISHED ☐ ONE END SEALED QUANTITY: **SPECIAL INSTRUCTIONS:**

## **SQUARE - GLASS TUBING**

UNIT OF MEASURE: □ mm (recommended) □ inches

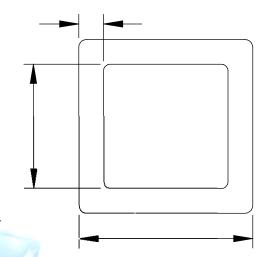


Minimum of two dimensions required below (ID, Wall, OD)

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

Square ID \_\_\_\_\_ +/- \_\_\_\_

Square OD \_\_\_\_\_ +/- \_\_\_\_



## VITROCOM



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