Custom Fittings Order Form

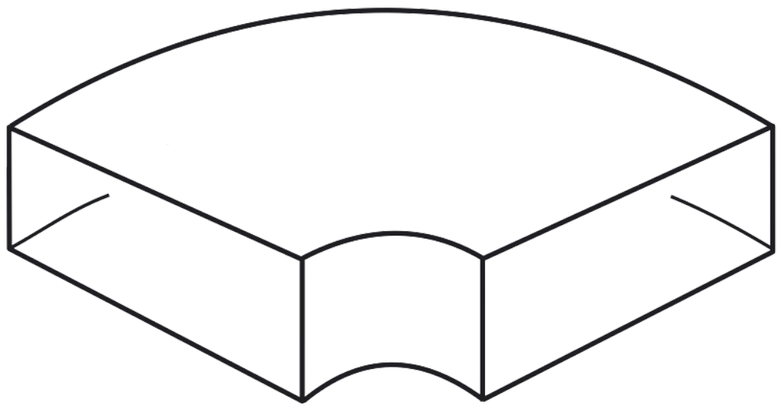
Customer Name:_____

Email:_____

Company Name: _____

Phone Number:_____

Date:_____



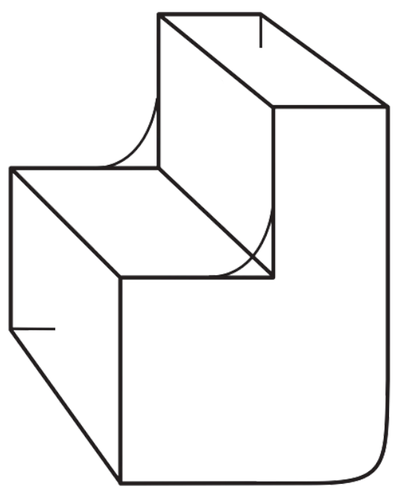
Description

SIDE 90 ☐

STK 90 ☐

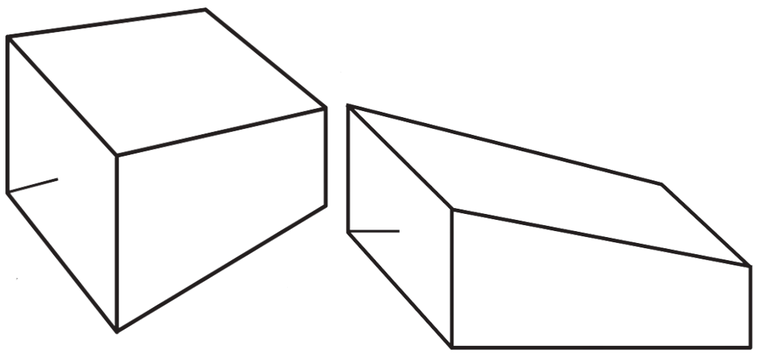
SIDE 90 SQ THROAT ☐

STK 90 SQ THROAT ☐



Description

RETURN AIR BOOT ☐

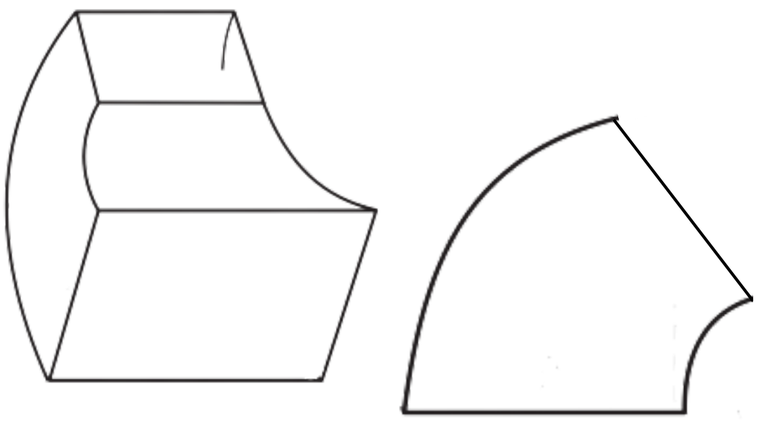


Description

TRANSITION ON ¢ ☐

FLAT ONE SIDE TRANSITION ☐

FLAT ON 2 SIDES ☐

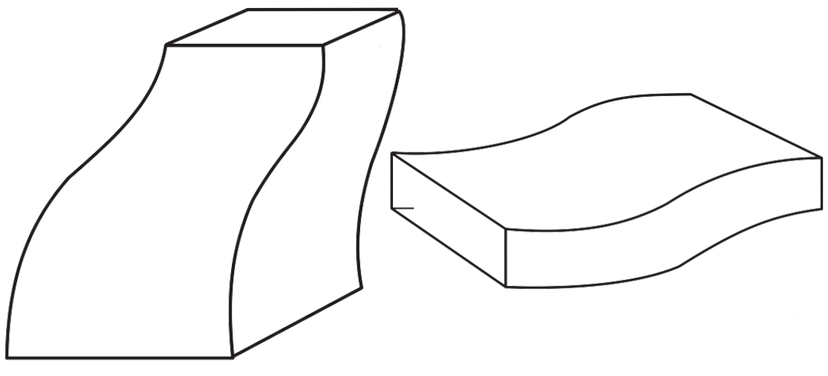


Description

REDUCING SIDE 90 ☐

SIDE 45 ☐

STK 45 ☐



Description

RISER ☐

OFFSET ☐

Custom Fittings Order Form

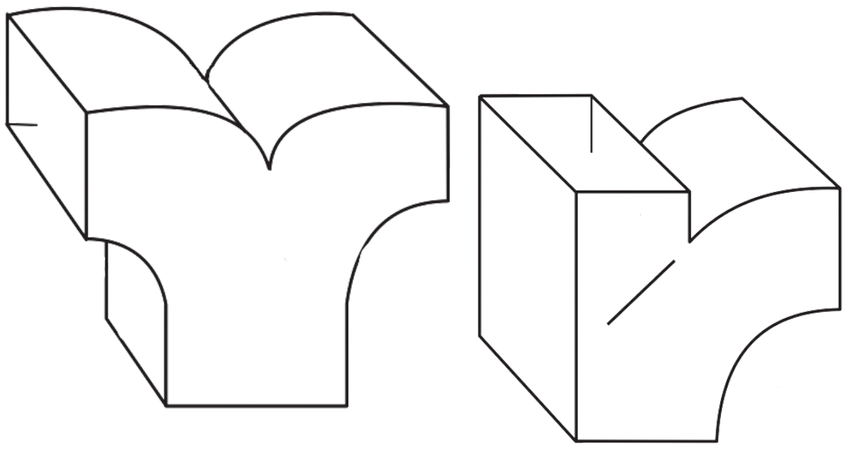
Customer Name:_____

Email:_____

Company Name: _____

Phone Number:_____

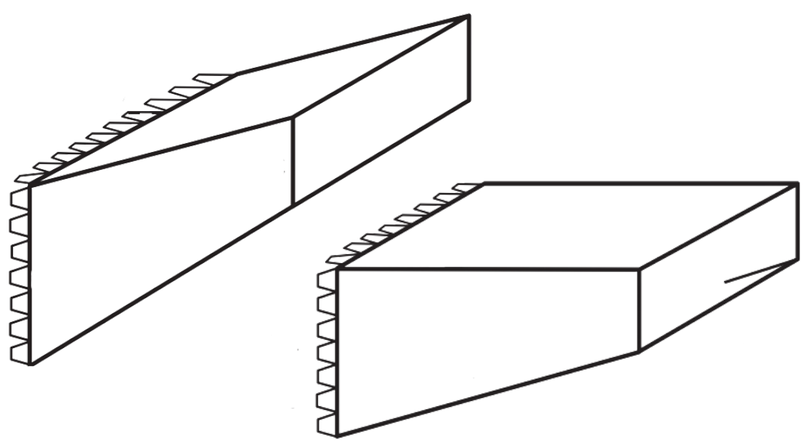
Date:_____



Description

Y-BRANCH ☐

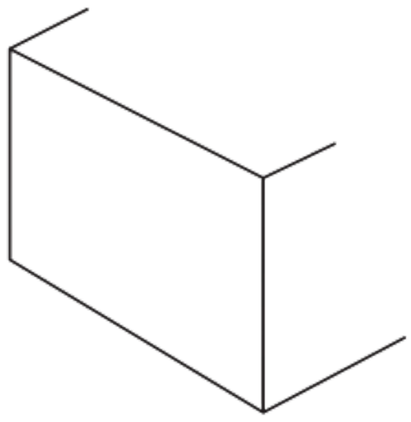
3 WAY ☐



Description

FOT PTO ☐

RISING PTO ☐



Description

8x8-32 & LENGTH ☐

10x10-32 & LENGTH ☐

ADDITIONAL CUSTOM SHEET METAL NOT INDICATED ABOVE:

PLE **W/BE**

_____ **X** _____ **X** _____