



SPECIAL FABRICATION ORDER FORM

Branch # _____

Customer # _____

Order # _____

Date _____

Cash sales must be paid in full.

Customer Name _____

Ship to

Address _____

Store

City/State/Zip _____

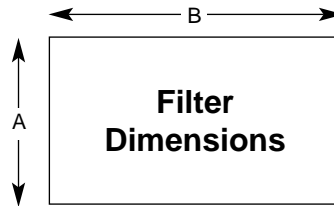
Customer

Phone _____ Fax _____

AIR FILTERS

Type of Filter

- E = Electrostatic
- P = Permanent
- R = Refillable
- G = Grease Trap



Qty	Type	Thick"	A	B	SH#	Billing Price	For Mfg. Use

BAFFLES

Qty	Width	Length	SH#	Billing Price	For Mfg. Use

Date Shipped _____ Shipped Via _____

NOTE: All orders will be invoiced by Valley Stream, including cash customer orders. Items will be shipped with the white copy of the invoice.