

STOQE IMPORT I $\cap C$

## ORDER INTAKE FORM

DATE OF ORDER $\qquad$

JOB NAME $\qquad$

COMPANY/CUSTOMER NAME $\qquad$

PHONE NUMBER $\qquad$

EMAIL $\qquad$

NUMBER OF PARTS $\qquad$

LENGTH OF PARTS
*additional costs included for parts above 48"

PICK A SHAPE:

## SQUARE

ROUND
"L"


