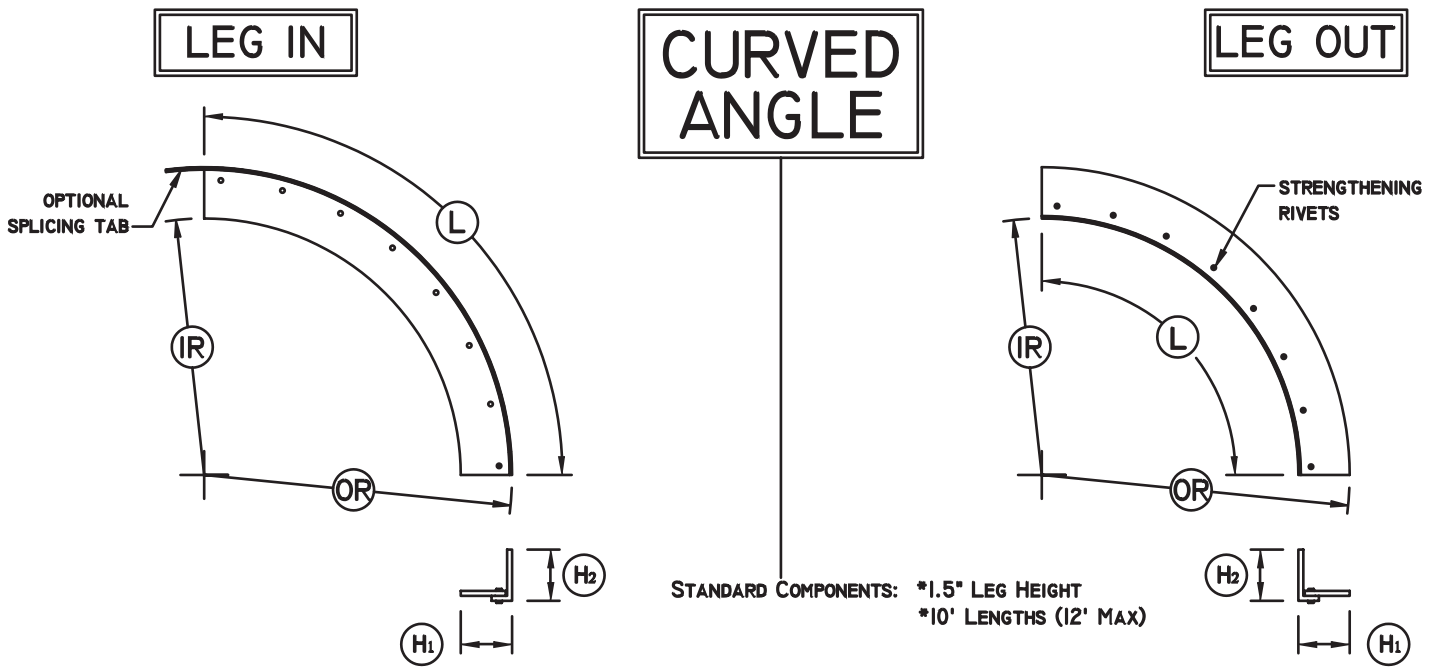


Perfect-Curve - Curved Angle Order Form

Customer Info

Sold To		Job Name	
Address, City, State, Zip		Ship To Address	
Phone	Fax	Contact Name & Number	
Customer P.O.	Date Ordered	Date Required	<input type="checkbox"/> Delivery <input type="checkbox"/> Will Call
Order Number	Job Number	Additional Info.	



Item No.	Leg		Pcs.	Thk. (MIL)	Length (L)	Leg Height (H ₁)	Leg Height (H ₂)	Inside Radius (IR)	Outside Radius (OR)	Part Number (Office Use)
	IN	OUT								
1.	<input type="checkbox"/>	<input type="checkbox"/>								
2.	<input type="checkbox"/>	<input type="checkbox"/>								
3.	<input type="checkbox"/>	<input type="checkbox"/>								
4.	<input type="checkbox"/>	<input type="checkbox"/>								
5.	<input type="checkbox"/>	<input type="checkbox"/>								
6.	<input type="checkbox"/>	<input type="checkbox"/>								

Notes / Special Instructions: