



ELBOW FORM

Date: _____

📍 257 E. Broadway Rd Mesa, AZ 85210

☎ (480) 668-5844 SHOP

☎ (623) 505-2662 FAX

📍 3120 Grand Ave Phoenix, AZ 85017

☎ (623) 215-7566 SHOP

☎ (623) 505-2662 FAX

CUSTOMER INFORMATION

Company name: _____

Job name or number: _____

JSM rep: _____

ALL DIMENSIONS REQUIRED

Phone #: _____

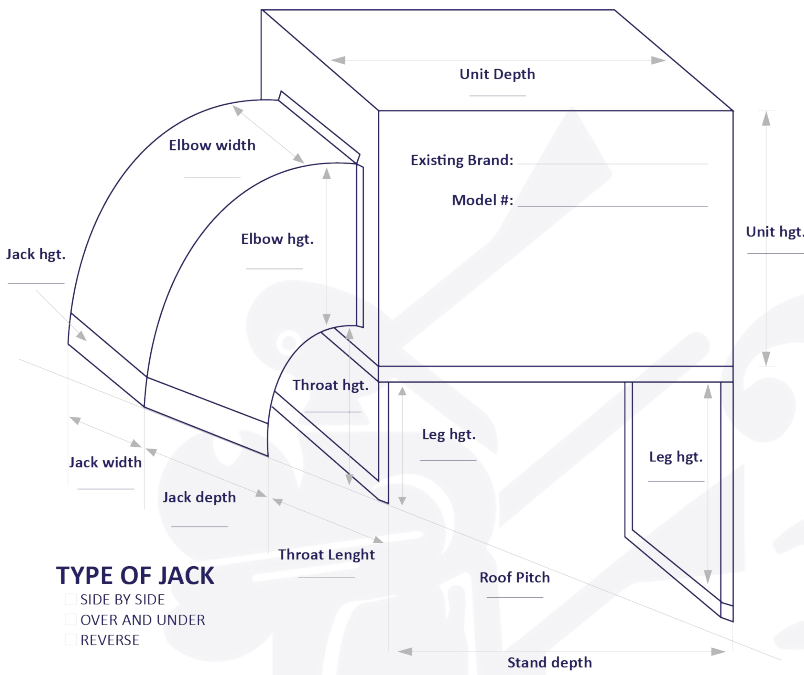
Ordered by: _____

Date needed by: _____

New unit model #: _____

- | | | | | | |
|---------------------------------------|---|--|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Liner 1" | <input type="checkbox"/> Delivery | <input type="checkbox"/> Will call | <input type="checkbox"/> S/S Elbow | <input type="checkbox"/> S/S Trans | <input type="checkbox"/> Stand |
| <input type="checkbox"/> Liner 1/2" | <input type="checkbox"/> Mesa location | <input type="checkbox"/> Twist Elbow | <input type="checkbox"/> Twist Trans | <input type="checkbox"/> Roof Jack | |
| <input type="checkbox"/> BB Reflectix | <input type="checkbox"/> Phoenix location | <input type="checkbox"/> Reverse Elbow | <input type="checkbox"/> Reverse Trans | <input type="checkbox"/> Plenum/D-Box | |
| <input type="checkbox"/> No Ins. | <input type="checkbox"/> Measure | <input type="checkbox"/> O/U Elbow | <input type="checkbox"/> O/U Trans | <input type="checkbox"/> Mixing Box | |

Special instructions:



DOUBLE CHECKED BY: _____

CONFIRMED BY CUSTOMER _____

NOTICE: We require a valid credit card be kept on file for all orders. No returns or exchanges accepted, unless error was made during fabrication it will be left to discretion of QC. Full payment accepted in cash, check, or credit card upon pickup or delivery of order. If you do not pick up order on job completion date your credit card on file will be charged in full for balance due. FAX 623-505-2662 or EMAIL orders@josesheetmetal.com

****ALL ORDERS MUST BE CONFIRMED FOR PROCESSING. PLEASE CALL TO CONFIRM ORDER PROCESSING****

****PLEASE DOUBLE AND TRIPLE CHECKED YOUR ORDER FORM****