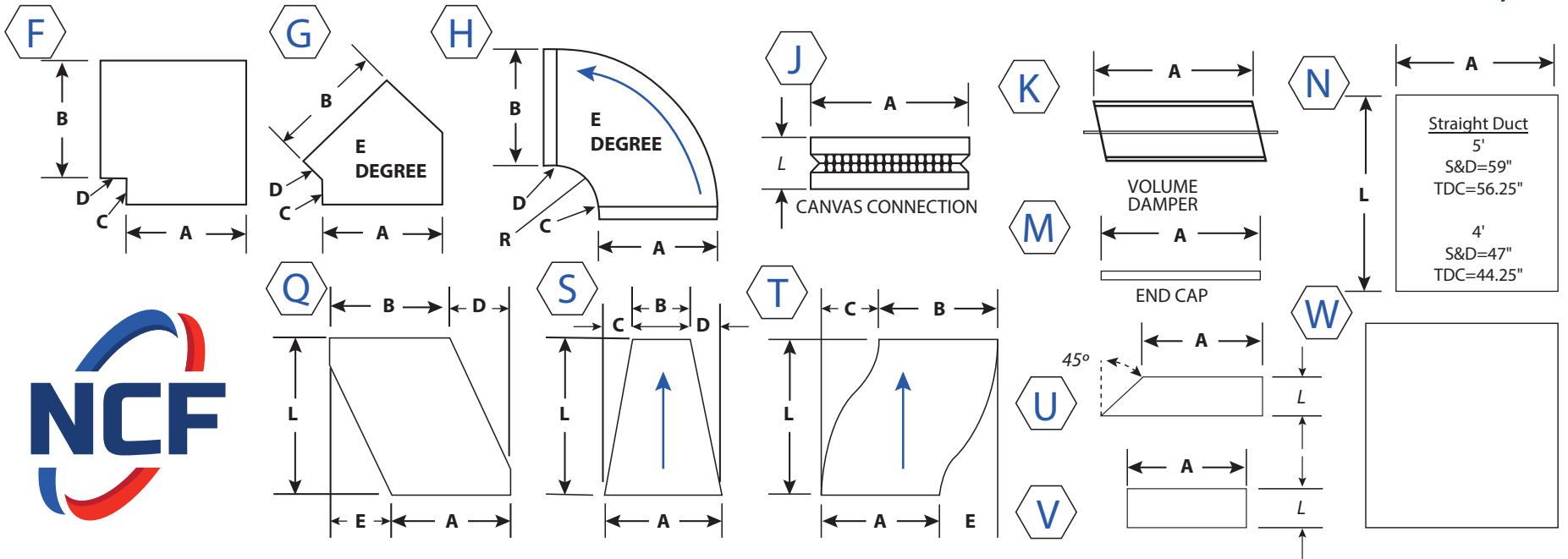


NORTH CENTRAL FABRICATORS, LLC



Customer: _____ Job Name: _____ Date Required: _____
 Address: _____ City, State, zip: _____ Pick Up
 Phone: _____ Contact Name: _____ Delivery
 Page _____ of _____ Contact Phone: _____ Purchase Order: _____

Be sure to indicate pressure class. If no pressure class is indicated, items listed will be fabricated in accordance with SMACNA standards for 1" w.g.

*Please fill out form completely
 *Be sure to list outside dimensions of duct

PIECE #	FITT, #	QTY.	A	B	C	D	E	R	L	T.V.	↑ FOB BU FOB	FOT TU TD	INSULATED		Pressure Class _____ W.G			NOTES	
													JOINT		1/2" <input type="checkbox"/>	1" <input type="checkbox"/>	2" <input type="checkbox"/>		
													A	B					