



CUSTOM HOSE AND TUBING REQUEST

Customer Name: _____ Date: _____

Contact Name: _____

Address: _____

Telephone: _____

Fax: _____

Email _____

Application: _____

Product to be transferred: _____

Product temperature: _____ Ambient Temperature: _____

Concentration: _____ Working Pressure: _____

Suction or Discharge: _____ Min. Bend Radius: _____

Inside Diameter: _____ Outside Diameter: _____

Min. Tube Thickness: _____ Min. Cover Thickness: _____

Dimensional Tolerances: I.D. + _____ - _____ O.D. + _____ - _____ Wall + _____ - _____

Tube Color: _____ Cover Color: _____

Lengths: _____ Quantity: _____

Target Price: _____

Other Requirements: _____

