

# CUSTOMER ORDER FORM - Wall Vent

Phone from Victoria: 250-652-5523  
 Phone from Duncan: 250-929-1110

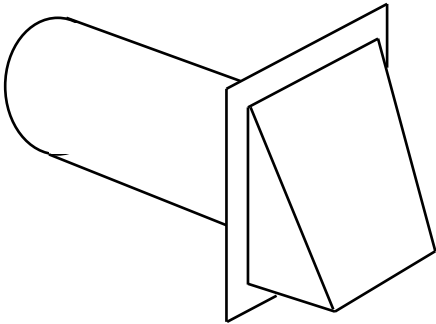
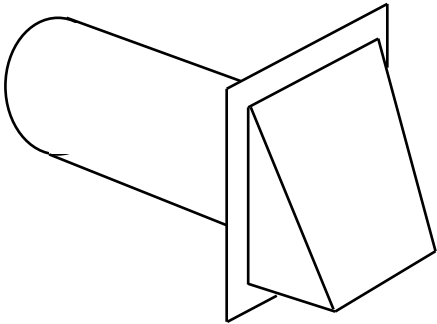
Fax from Victoria: 250-652-5169  
 Fax from Duncan: 250-929-1111

**FROM:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>PURCHASE ORDER #:</b> _____	<b>ATTN:</b> _____
<b>CUST. / JOB NAME:</b> _____	<b>ORDERED BY:</b> _____
<b>ORDER DATE:</b> _____	<b>SENDER PHONE #:</b> _____
<b>DATE REQUIRED:</b> _____	<b>SENDER FAX #:</b> _____

<i>MATERIAL / COLOR:</i> _____	<i>GAUGE:</i> _____	<i>QUANTITY:</i> _____
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<b>Item # : 35</b>	Description: <b>Wall Vent</b>
<p><b>STANDARD SIZES:</b></p> <p style="margin-left: 20px;"><u>Pipe x Length</u></p> <p>3" Pipe x 8" <input type="checkbox"/></p> <p>4" Pipe x 8" <input type="checkbox"/></p> <p>5" Pipe x 8" <input type="checkbox"/></p> <p>6" Pipe x 8" <input type="checkbox"/></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>1/4" Screen Damper</p> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>1/4" Screen Damper</p> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 20px;">  </div>	<p><b>CUSTOM</b> <input type="checkbox"/></p> <p>_____ " Pipe Diam. <input type="checkbox"/></p> <p>_____ " Pipe Length <input type="checkbox"/></p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> <p>1/4" Screen Damper</p> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>1/4" Screen Damper</p> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 20px;">  </div>
<p><b>Notes:</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p style="text-align: right;"><b>Sold By:</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	