



Mtls., LLC

WEB INQUIRY

PO#:

Job Name: _____

Material _____
Color _____
Gauge _____

Contractor: _____

Date _____ Page ___ of

CKD: _____

CKD: _____

Part # _____ Quantity: _____
Stretchout: _____ Shear: _____ Break: _____

Part # _____ Quantity: _____
Stretchout: _____ Shear: _____ Break: _____

CKD: _____

CKD: _____

Part # _____ Quantity: _____
Stretchout: _____ Shear: _____ Break: _____

Part # _____ Quantity: _____
Stretchout: _____ Shear: _____ Break: _____

COMPLETE THIS FORM AND EMAIL IT TO : division7mtls@division7mtls.com

All existing detail dimensions to be field verified and approved by Job Superintendent prior to fabrication.