

INDBLADE METALWORKS INC

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ARCHITECTURAL ALUMINUM
 CUSTOM METAL SHAPES
 WELDING & FABRICATION

DATE : _____

P.O.# _____

JOB NAME : _____

COMPANY: _____

NAME _____

PHONE # _____

FAX # _____

PAGE # _____ OF _____

WILL CALL DELIVER

QUOTE ORDER

Quantity: _____	G.O.S.	<input type="checkbox"/>												
	G.I.S.	<input type="checkbox"/>												
Thickness: _____	Good Side	<input type="checkbox"/>												
Finish: _____	<u>Dimensions:</u>													
	I.D.	<input type="checkbox"/>												
Length: _____	O.D.	<input type="checkbox"/>												
Quantity: _____	G.O.S.	<input type="checkbox"/>												
	G.I.S.	<input type="checkbox"/>												
Thickness: _____	Good Side	<input type="checkbox"/>												
Finish: _____	<u>Dimensions:</u>													
	I.D.	<input type="checkbox"/>												
Length: _____	O.D.	<input type="checkbox"/>												
Quantity: _____	G.O.S.	<input type="checkbox"/>												
	G.I.S.	<input type="checkbox"/>												
Thickness: _____	Good Side	<input type="checkbox"/>												
Finish: _____	<u>Dimensions:</u>													
	I.D.	<input type="checkbox"/>												
Length: _____	O.D.	<input type="checkbox"/>												
Quantity: _____	G.O.S.	<input type="checkbox"/>												
	G.I.S.	<input type="checkbox"/>												
Thickness: _____	Good Side	<input type="checkbox"/>												
Finish: _____	<u>Dimensions:</u>													
	I.D.	<input type="checkbox"/>												
Length: _____	O.D.	<input type="checkbox"/>												