



Date: _____

Sales Person: _____

CUSTOM FABRICATION ORDER

Customer: _____

S.O. #: _____

Contact: _____

Job Name: _____

Phone #: _____

Material: _____

Other: _____

# of Pieces:	Color:	Thickness:	Finish:	Edge Treatment:
_____	_____	_____	_____	_____

Approved By:	_____	_____	_____
	<i>Print</i>	<i>Sign</i>	<i>Date</i>

Internal Use Only:	Total Fab Time: _____	Edge Treatment Time: _____
	Cutting Time: _____	Approximate SF of Waste: _____
	Fabricator Signature: _____	Completion Date/Time: _____