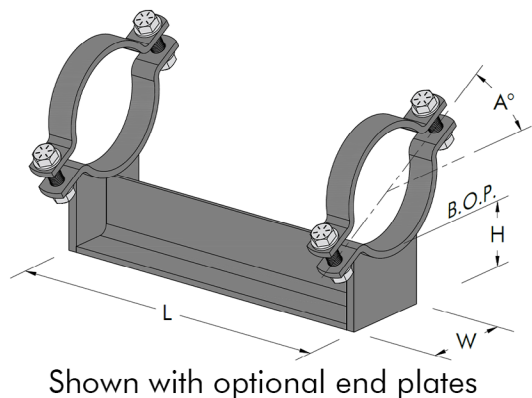
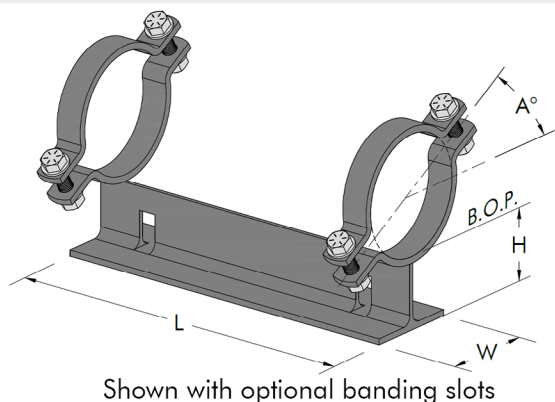


Clamp-On Pipe Shoe Order Form



Customer Information

Contact Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Please Provide As Much Information As Possible

Pipe Size (NPS) (in): _____

H (Bottom of Pipe): _____

L: _____

W: _____

A°: _____

End Plates (Y/N): _____

Banding Slots (Y/N): _____

Number of Slots: _____

Liners (Y/N): _____

Liner Material: _____

Liner Thickness: _____

Shoe Material (CS, SS, Alloy): _____

Finish (Mill Finish, HDG, Painted): _____

Additional Requirements, Project Lead Time:

Quantity:
