



J & J METAL PRODUCTS CO.
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Date _____

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CUSTOM FABRICATION FORM

Customer Name _____	Job Name _____ PO _____
Address _____ _____	Address _____ _____
Phone _____	Contact Name _____ Ph.# _____
Date Required _____	<input type="checkbox"/> Cover Ends With Plastic <input type="checkbox"/> Pickup <input type="checkbox"/> Delivery
