

Please check one:

Quotation _____

Order _____

Custom Quotation / Order for Sample Bags

Please complete each numbered section on both pages of this specification form and return OR FAX to your ASI representative:

Analytical Specialties, Inc.

734 Ridge Dr., P.O. Box 302,
Elburn, IL 60134

Phone: (630) 578-6731 • Fax (630) 578-6947

1. Type of order:

_____ New order for custom sample bags

_____ Repeat order (Previous ASI S# _____)

2. Drawing

Please indicate dimensions in inches and positions of fitting(s) and eyelet(s).

3. Bag Dimensions

Indicate inside seal dimensions here and on the drawing.
(Please allow 1/4 "variance on all dimensions)

Length _____

Width _____

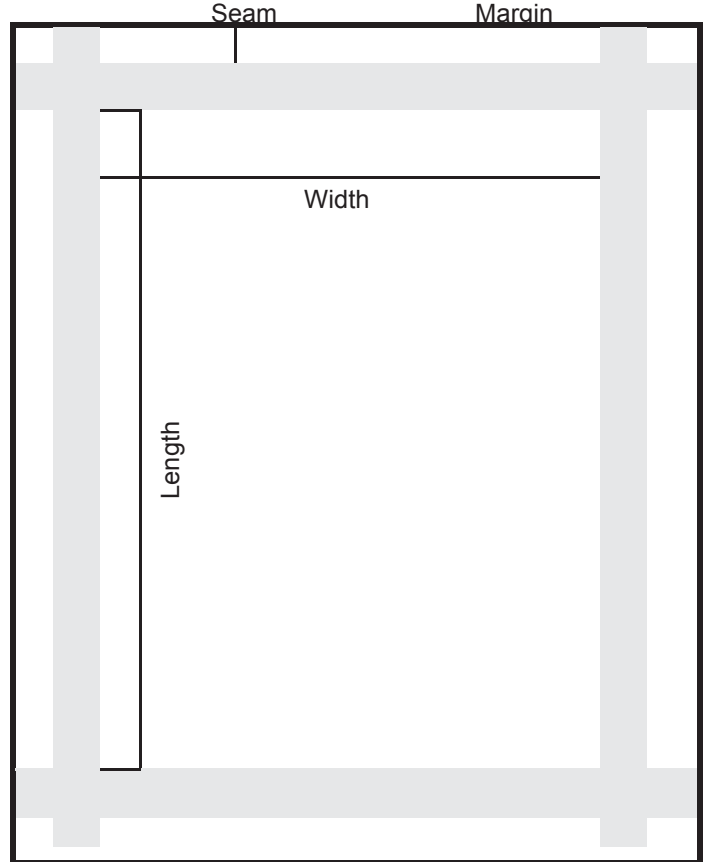
Multiple cavities (double seams to separate cells)

4. Fittings(s) Locations(s)

Indicate the fitting(s) location(s) here and on the drawing.
Allow for a one-inch variance in the placement of the fitting.

Inches down from length seal _____

Inches down from width seal _____



5. Eyelets

Indicate eyelet location on the drawing. Eyelet(s) must be placed in the outside margins of the bag.

Number of eyelets _____ None _____

Analytical Specialties, Inc.

www.analyticalspecialties.com

6. Fittings Style: (Please refer to website)

JN4 (Fig 1)

JN6 (Fig 2)

UP4 (Fig 3)

UK4 (Fig 4) _____

PA4 (Fig 5) _____

Other (Please use Part# from Website, "fittings page")



7. Material of Bag

Saran® _____

Kynar® _____

Tedlar® _____

Black Tedlar _____

5-mil FEP _____

Other _____

8. Quantity _____

9. Purchasing Terms and Authorization

Terms: Purchase orders for custom bags must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by Analytical Specialties, Inc. Custom order sample bags are not returnable.

Analytical Specialties, Inc. reserves the right to cancel this order if it is determined that Analytical Specialties, Inc cannot produce a quality custom bag according to the specification provided.

Authorization: The signature of the undersigned confirms that the specifications supplied on this form are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Fax: _____