



CORPORATE OFFICE:

1700 South Lewis St. • Anaheim, CA 92805
 (714) 385-8900 • Fax: (714) 385-8901
 (888) 444-DUCT, (888) 444-3828 (Toll-Free)
 Fax: (888) ODS-FAX1, (888) 637-3291 (Toll-Free Fax)

Sacramento Branch - 1650 Parkway Blvd., West Sacramento, CA 95691 Phone (916) 492-8900 - Fax (916) 492-8999
 Ontario Branch - 800 S. Milliken Ave., Ontario, CA 91761 Phone (909) 937-2403 - Fax (909) 937-2405
 San Diego Branch - 9520 Chesapeake Drive, Suite 608, San Diego, CA 92123

OVAL FORM

CUSTOMER: _____ DATE: _____ SHIP TO: _____

JOB NAME: _____ P.O. # _____

BUYER: _____ DUE DATE: _____

CODE: <input type="checkbox"/> SMACNA <input type="checkbox"/> Triple-Rib <input type="checkbox"/> O-Pipe	Pressure Class: 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> 10" <input type="checkbox"/> 1" <input type="checkbox"/> 3" <input type="checkbox"/> 6" <input type="checkbox"/>	Sealed: Yes <input type="checkbox"/> Inside <input type="checkbox"/> Yes <input type="checkbox"/> Outside <input type="checkbox"/>	Exposed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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<p>O-1</p> <p>$W_1 \times D_1$</p>	<p>O-2</p> <p>$W_1 \times D_1$</p>	<p>O-3</p> <p>$W_1 \times D_1$</p>	<p>O-4</p> <p>$W_1 \times D_1$</p>	<p>O-5</p> <p>$W_1 \times D_1$</p>	<p>O-6</p> <p>$W_1 \times D_1$</p>
<p>O-7</p> <p>$W_1 \times D_1$</p>	<p>O-8</p> <p>$W_1 \times D_1$</p>	<p>O-9</p> <p>$W_1 \times D_1$</p>	<p>O-10</p> <p>$W_1 \times D_1$</p>	<p>O-11</p> <p>$W_1 \times D_1$</p>	<p>O-12</p> <p>$W_1 \times D_1$</p>
<p>O-13</p> <p>$W_1 \times D_1$</p>	<p>O-14</p> <p>$W_1 \times D_1$</p>	<p>O-15</p> <p>$W_1 \times D_1$</p>	<p>O-16</p> <p>$W_1 \times D_1$</p>	<p>O-17</p> <p>$W_1 \times D_1$</p>	<p>O-18</p> <p>$W_1 \times D_1$</p>
<p>O-19</p> <p>$W_1 \times D_1$</p>	<p>O-20</p> <p>$W_1 \times D_1$</p>	<p>O-21</p> <p>$W_1 \times D_1$</p>	<p>NOTES:</p>		