



Please Fax Completed Information to 972-479-0717

Name: _____ Company Name: _____

Date: _____ Where Did You Hear About Us?: _____

PASS THROUGH SPECIFICATIONS

***** Please enter quantities and circle all that apply *****

1. Qty: _____
2. Part Number: _____ OR Dimensions (In Inches): W _____ " x D _____ " x H _____ "
3. Wall Thickness in Inches (for Mounting Flange Placement): _____ "
4. Material: 304 #3 SS 316 #3 SS 304 Electropolished 316 Electropolished Powder Coated Steel
Polypropylene Static-Dissipative PVC Other: _____
5. Metal Gauge: 14Ga. 16Ga.(Standard) 18Ga. OR Plastic Thickness: 3/8" 1/2" 3/4"
6. Doors: Single L Opening Single R Opening Double Other: _____
7. Windows in Doors: None Centered Full Other: _____
8. Window Material: PVC Tempered Glass Other: _____
9. Pressurized Cabinet w/regulator: Yes No
10. Shelves: None Fixed Removable Other: _____
11. Quantity of Shelves: _____
12. Shelf Placement: Evenly Spaced Other: _____
13. Hardware per Door: Single Latch Locking Single Latch Single doors w/Interlocking Latches
Other: _____

Additional Comments:
