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## RECTANGULAR DUCT ORDER FORM

*Please fax/email the following information and will promptly provide a price.*

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

P.O #: \_\_\_\_\_ Order Date: \_\_\_\_\_ Required Date: \_\_\_\_\_

#	DUCT SIZE / LENGTH	QUANTITY	TYPE	APPLICATION	CONNECTION TYPE	NOTES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

Special Remarks:

Customer Signature verifying correctness in sizes: \_\_\_\_\_ Date: \_\_\_\_\_

SHEET # \_\_\_\_\_ OF \_\_\_\_\_