

CUSTOM ELEMENT ORDER FORM

Southeast Specialties, Inc.

Manufacturers of Custom Heating Elements

Voice (317) 780-1077 • Fax (317) 780-1137

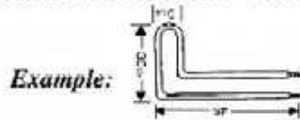
Company _____ Phone _____

Address _____ Fax _____

City, State, Zip _____ Contact _____

Date _____ P.O.# _____

1. DRAW A SKETCH OF THE OLD ELEMENT (Attach additional information if necessary)



2. DESCRIBE TERMINALS _____



3. SKETCH ALL MOUNTING HARDWARE & BRACKETS _____

4. NOTE VOLTAGE & WATTAGE _____

5. NOTE MAKE, MODEL & TYPE OF EQUIPMENT _____

REQUEST FOR QUOTE

QUANTITY	PAYMENT METHOD	SPECIFY SHIPPING METHOD
<input type="radio"/> SHIP _____ OF THE ABOVE UNIT	<input type="radio"/> SEND C.O.D.	<input type="radio"/> NEXT DAY AIR
	<input type="radio"/> CREDIT CARD VISA OR MASTER CARD NUMBER _____	<input type="radio"/> 2nd DAY AIR
	EXP. DATE _____	<input type="radio"/> REGULAR GROUND
	SIGNATURE _____	