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| Please check one: Quotation _____ Order _____ |
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Custom Quotation/Order for Sample Bags

Please complete appropriate numbered sections on both pages of this specification form and send to your SKC representative:

| | | | | | | |
|---|---|--|--|--|---|---|
| <i>SKC Inc.</i> Tel: 800-752-8472 skcorder@skcinc.com | <i>SKC Gulf Coast</i> Tel: 800-225-1309 skcorder@skcinc.com | <i>SKC South</i> Tel: 800-752-7684 skcorder@skcinc.com | <i>SKC-West</i> Tel: 800-752-9378 custserv@skcwest.com | <i>SKC Limited</i> Tel: (01258) 480188 info@skcltd.com | <i>SKC South Africa</i> Tel: 11 913 2666 sales@skcsouthafrica.co.za | <i>SKC Asia</i> Tel: 6276 3879 sales@skc-asia.com |
|---|---|--|--|--|---|---|

1. Type of Order: (Please check one)

- New order for custom sample bags**
- Repeat order**
(Previous SKC CPM # _____)

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-inch variance on all dimensions)

Length _____ inches

Width _____ inches

Multiple cavities (double seams to separate cells)

4. Fitting(s) Location(s)

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

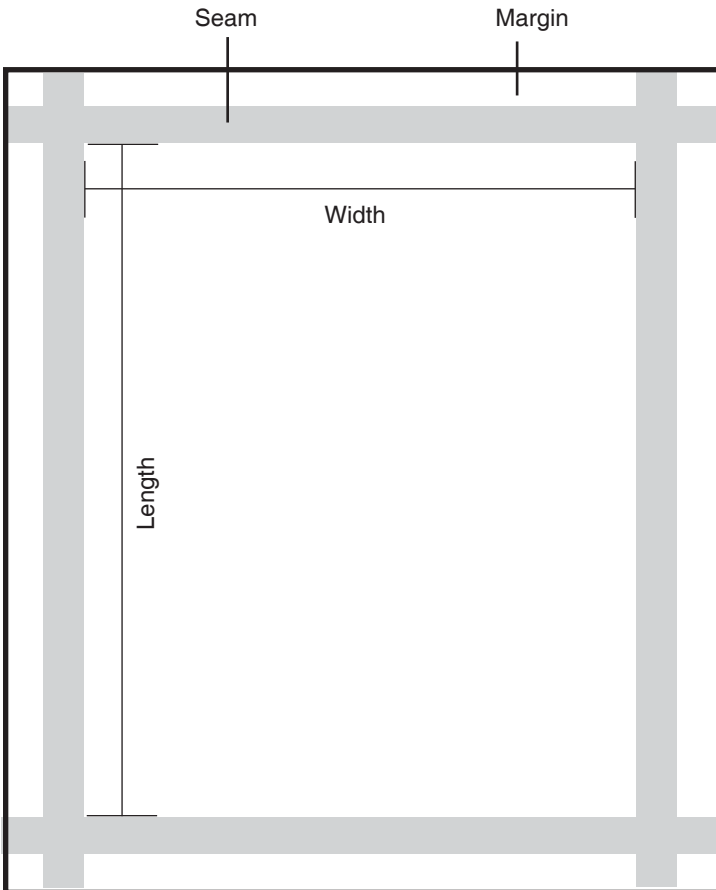
Inches down from length seal _____

Inches down from width seal _____

5. Eyelet(s)

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

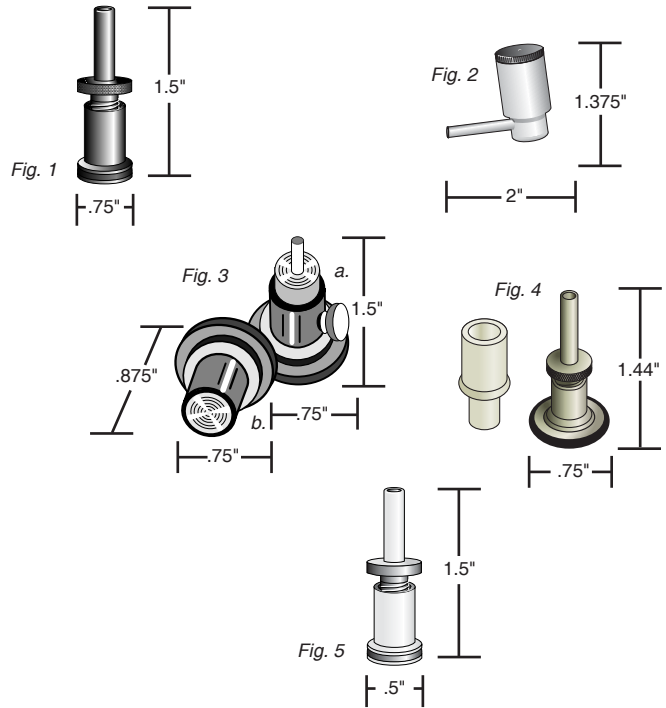
Number of eyelets _____ None _____



6. Fittings Style (see drawings at right)

(SKC hose fittings are 3/16-inch OD)

- Single hose/valve with septum - stainless steel (Fig. 1) _____
- Single polypropylene (Fig. 2) _____
- Dual stainless steel (Fig. 3) _____
- Stainless steel hose/valve fitting (Fig. 3a) _____
- Stainless steel septum fitting (Fig. 3b) _____
- Breath-gas (Exhaled breath) fitting (Fig. 4) _____
- Single hose/valve with septum - PTFE (Fig. 5) _____
- Other _____
Fittings (other than SKC's) must be supplied with this form



7. Material of Bag

- FlexFoil PLUS _____
- Standard FlexFoil _____
- 2-mil FluoroFilm FEP _____
- SamplePro FlexFilm _____
- Tedlar _____
- Other _____

8. Labels

- SKC standard label _____
- No label _____
- Custom label supplied _____

9. Quantity _____

10. Purchasing Terms and Authorization

Note: Price quotes are typically provided within 5 to 7 business days.

Terms: Purchase orders for custom sample bags must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by SKC Inc. **Custom order sample bags are not returnable.** See the SKC Limited Warranty and Return Policy at <http://www.skcinc.com/warranty.asp>.

SKC reserves the right to cancel this order if it is determined that SKC cannot produce a quality custom bag according to the specifications provided.

Authorization: The signature of the undersigned confirms that the specifications supplied on form 85177, Revision 1505 are correct and agrees to the custom order terms.

Name (please print or type) _____

Signature _____ Date _____

Company Name _____

Contact Telephone Number _____ Email _____