



# Gooding

**& ASSOCIATES, INC.**

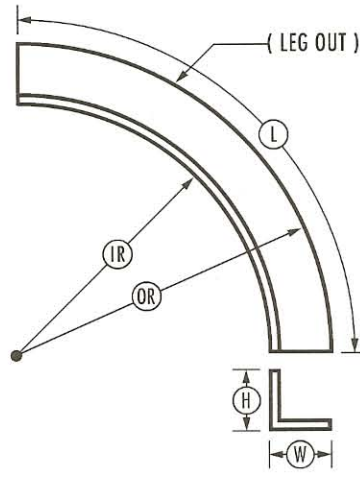
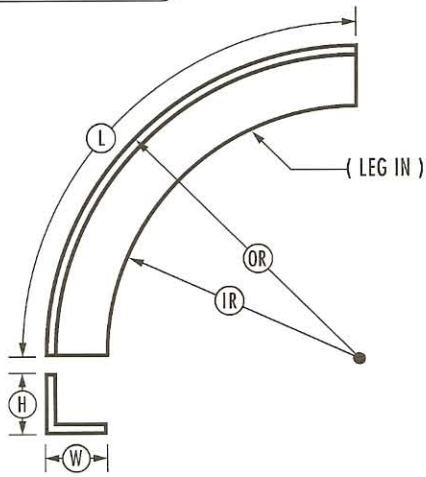
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COMPANY NAME		JOB NAME	
PHONE	FAX	CONTACT NAME	
CUSTOMER PO		SPECIAL TAG	
DATE ORDERED		DATE REQUIRED	
		<input type="radio"/> DELIVERY <input type="radio"/> WILL CALL	

## CURVED ANGLE

SHOP OFFICE USE ONLY	
JOB NO _____	COST CODE _____

PAGE  OF



LEG		QTY	GAGE	LENGTH	WIDTH	HEIGHT	INSIDE RADIUS	OUTSIDE RADIUS
IN	OUT							
<input type="radio"/>	<input type="radio"/>							
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SHOP OFFICE USE ONLY		
<input type="radio"/> HVAC SHOP <input type="radio"/> WELDING SHOP <input type="radio"/> SHIPPING DEPARTMENT	<b>QUALITY CONTROL</b> CHECKED BY _____ SHIPPING AREA _____	W.S.# _____ DATE _____ SIGNED _____