



REQUIRED INFORMATION

COMPANY _____
CONTACT NAME: _____ MUST HAVE DATE: _____ TIME: _____
CONTACT PHONE: _____ FAB PICK TICKET _____

LOOSE MATERIAL ON PICK TICKET: _____
IF CUSTOMER IS AN ELEVATOR CO: () ROLL GROOVE () CUT GROOVE IF APPLICABLE

MATERIAL: DOM _____ FGN _____ BLK _____ GAL _____ SCH _____

ENDS _____ QTY _____ SIZE _____ LENGTH _____

ENDS _____ QTY _____ SIZE _____ LENGTH _____

ENDS _____ QTY _____ SIZE _____ LENGTH _____

ENDS _____ QTY _____ SIZE _____ LENGTH _____