

# Capillary Tubing RFQ

## Your Contact Information:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

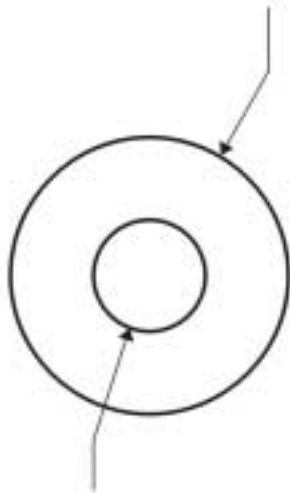
Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ See Drawing Attached

## Cross Section:

Outer Diameter: \_\_\_\_\_



\_\_\_\_\_ Inner Diameter

Tolerances (**10%** is standard):

Outer Diameter: \_\_\_\_\_

Inner Diameter: \_\_\_\_\_

**Desired Length:** \_\_\_\_\_

## Choose a Material:

\_\_\_\_\_ PMMA / acrylic

\_\_\_\_\_ Polystyrene

\_\_\_\_\_ Zeonex

specify grade: \_\_\_\_\_

\_\_\_\_\_ Zeonor

specify grade: \_\_\_\_\_

\_\_\_\_\_ Udel

\_\_\_\_\_ Radel R

\_\_\_\_\_ THV 220G

\_\_\_\_\_ THV 500G

\_\_\_\_\_ Polycarbonate

\_\_\_\_\_ Topas

specify grade: \_\_\_\_\_

Please see our website for  
information on available materials

Additional notes you wish to add (attach page as necessary)