

Please check one:

Quotation \_\_\_\_\_

Order \_\_\_\_\_

## Custom Quotation / Order for Sample Bags

Please complete each numbered section on both pages of this specification form and return OR FAX to your ASI representative:

**Analytical Specialties, Inc.**

734 Ridge Dr., P.O. Box 302,  
Elburn, IL 60134

Phone: (630) 578-6731 • Fax (630) 578-6947

**1. Type of order:**

\_\_\_\_\_ New order for custom sample bags

\_\_\_\_\_ Repeat order (Previous ASI S# \_\_\_\_\_)

**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 "variance on all dimensions)

Length \_\_\_\_\_

Width \_\_\_\_\_

Multiple cavities (double seams to separate cells)

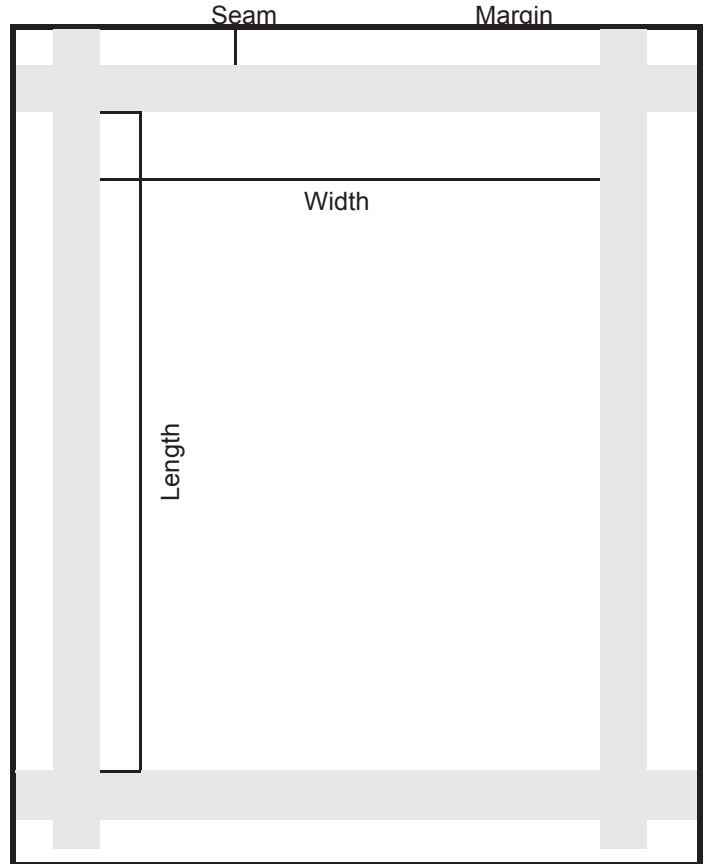
\_\_\_\_\_  
\_\_\_\_\_

**4. Fittings(s) Locations(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. Eyelets**

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

Number of eyelets \_\_\_\_\_ None \_\_\_\_\_

# Analytical Specialties, Inc.

www.analyticalspecialties.com

## 6. Fittings Style: (Please refer to website)

JN4 (Fig 1)

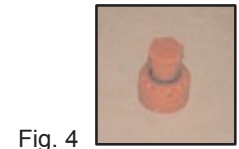
JN6 (Fig 2)

UP4 (Fig 3)

UK4 (Fig 4) \_\_\_\_\_

PA4 (Fig 5) \_\_\_\_\_

Other (Please use Part# from Website, "fittings page" )  
\_\_\_\_\_



## 7. Material of Bag

Saran® \_\_\_\_\_

Kynar® \_\_\_\_\_

Tedlar® \_\_\_\_\_

Black Tedlar \_\_\_\_\_

5-mil FEP \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**8. Quantity** \_\_\_\_\_

## 9. Purchasing Terms and Authorization

Terms: Purchase orders for custom bags must be accompanied by this form. Purchase orders may not be changed or cancelled after they are received by Analytical Specialties, Inc. Custom order sample bags are not returnab

Analytical Specialties, Inc. reserves the right to cancel this order if it is determined that Analytical Specialties, Inc cannot produce a quality custom bag according to the specification provided.

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

Name (please print or type) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Fax: \_\_\_\_\_