



**MEDSCO FABRICATION ORDER FORM**

**FAB FORM #** \_\_\_\_\_

Packing Slip # \_\_\_\_\_

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

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

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

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

Ordered By: \_\_\_\_\_

Customer PO# : \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

**Item Ordered**

**Quantity**

**Size**

**Material GA**

**Finish**

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COMPLETED PCS. OF	FORMED BY:	COMPLETION DATE:	CRATE NO.	B/O
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**Email to:** [avanti@tincosheetmetal.com](mailto:avanti@tincosheetmetal.com)

**Fax Order to: 888.853.6049**  
**Office 323.263.0511**  
**Direct 323.825.8008**

Departamento de Fabricacion	
Tamaño del Stock	_____
Hohas Usadas	_____
Drop Off Usado	_____
No. del Programa	_____