



A.M Metal Finishing, Inc. Purchase Order Form

Name: _____ Date: _____ PO#: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ E-mail: _____

Process:

- | | | |
|---|--|---|
| <input type="checkbox"/> ANODIZE | <input type="checkbox"/> CHEMFILM | <input type="checkbox"/> PASSIVATION |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Clear <input type="checkbox"/> Class 1A | <input type="checkbox"/> II <input type="checkbox"/> VII |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> Gold <input type="checkbox"/> Class 3 | <input type="checkbox"/> VI <input type="checkbox"/> VIII |
| <input type="checkbox"/> HARDCOAT ANODIZE | <input type="checkbox"/> ELECTROPOLISH | <input type="checkbox"/> POWDER COAT |
| <input type="checkbox"/> Clear | <input type="checkbox"/> ETCH | Color: _____ |
| <input type="checkbox"/> Color: _____ | <input type="checkbox"/> MASKING* | <input type="checkbox"/> STRIP |
| <input type="checkbox"/> BEAD BLASTING | <input type="checkbox"/> MIRROR POLISH | <input type="checkbox"/> TEFLON |
| <input type="checkbox"/> BLACK OXIDE | <input type="checkbox"/> LASER* | <input type="checkbox"/> TURCO |

**Schematic or drawings must be attached to purchase order form.*

Type of **Material** (AL ####, SST ###, etc.): _____

Special **Instructions** (to include masking, racking, etc.): _____

Touch up for racking marks? Yes No

Part Numbers and quantity per part#: _____

Total Quantity: _____

Does this job need to be **expedited**? Yes No Due Date: _____

**minimum 24hr. turn around **Extra charge will be incurred for expediting order*

Do you need **certification**? Yes No
If so specify what Specs need to be met: _____