



Order Forms–Cut Sheets

Acosta Sheet Metal Mfg. ©2025

Published August 27, 2025

Cut Sheet Updates at www.acostamfg.com/custom-order-forms

Submit Forms:

sales@acostamfg.com

See Our Stocked Products:

www.acostamfg.com/products-and-submittals

Contact Us:

sales@acostamfg.com

www.acostamfg.com

Phone (408) 275-6370

930 Remillard Court
San Jose, CA 95122



Certified MBE



Table of Contents

INTRODUCTION

General Packet Information	4-5
----------------------------------	-----

RECTANGULAR

Form #1 – Rectangular Straight Duct	6
Form #2 – Transitions and Square-to-Rounds	7
Form #3 – End Caps (rectangular)	8
Form #4 – Ceiling Boxes (rectangular)	9
Form #5 – Elbows (rectangular)	10
Form #6 – Special Elbows (rectangular)	11
Form #7 – Drop Cheek Elbows (rectangular)	12
Form #8 – Flex Connectors (rectangular and round)	13
Form #13 – Saddle Taps (rectangular)	18
Form #16 – Flat Taps (rectangular and round)	21

ROUND

Form #8 – Flex Connectors (rectangular and round)	13
Form #9 – Round Fittings	14
Form #10 – Wyes (round)	15
Form #11 – Tees (round)	16
Form #12 – Crosses (round)	17
Form #14 – Saddle Taps (round): 1 of 2	19
Form #15 – Saddle Taps (round): 2 of 2	20
Form #16 – Flat Taps (rectangular and round)	21
Form #17 – Pipe and Couplings (round)	22

OVAL

Form #18 – Elbows (oval)	23
Form #19 – Offsets, Reducers, and End Caps (oval)	24
Form #20 – Oval-to-Round and Oval-to-Rectangular	25
Form #21 – Saddle Taps (oval-to-oval): 1 of 2	26
Form #22 – Saddle Taps (oval-to-oval): 2 of 2	27
Form #23 – Tees, Laterals, and Conicals (oval-to-oval): 1 of 2	28
Form #24 – Tees, Laterals, and Conicals (oval-to-oval): 2 of 2	29
Form #25 – Double Branch Tees, Laterals, and Conicals (oval-to-oval): 1 of 2	30
Form #26 – Double Branch Tees, Laterals, and Conicals (oval-to-oval): 2 of 2	31
Form #27 – Pipe and Couplings (oval)	32

Table of Contents

MISCELLANEOUS

Form #28 – Pans	33
Form #29 – Chase Covers	34
Form #30 – Decco Top	35
Form #31 – Angle Flashing	36
Form #32 – Custom Fabrication	37
Form #33 – Stock Order Form: 1 of 2	38
Form #34 – Stock Order Form: 2 of 2	39

GENERAL PACKET INFORMATION:

Acosta Sheet Metal Mfg.'s "Cut Sheet Packet" is used for items that we do not currently stock. For questions on current fabrication turn-around times, please contact a member of our customer service team.

DUCT CLEANLINESS GUIDELINES:

Duct Cleanliness guide according to SMACNA "Duct Cleanliness For New Construction Guidelines: Duct Cleanliness for New Construction", published 2000. For more information, please contact SMACNA directly. (www.smacna.org).

Duct Cleanliness		
Level 1	Cover Only	No wipe down; no cleaning solution; covered ends (visqueen); complies with SMACNA "Basic" Cleaning Guidelines.
Level 2	"Dry" Clean and Cover	Wipe down (standard cloth); no cleaning solution; covered ends (visqueen); complies with SMACNA "Intermediate" Cleaning Guidelines.
Level 3	"Wet" Clean and Cover	Wipe down (standard cloth); cleaning solution (1:1 ratio, 50/50 alcohol and water); covered ends (visqueen); complies with SMACNA "Advanced" Cleaning Guidelines.
Level 4	"Extra" Clean and Cover	Wipe down (lint-free cloth); cleaning solution (1:1 ratio, 50/50 alcohol and water); covered ends (visqueen); exceeds SMACNA "Advanced" Cleaning Guidelines.

Line Items and Table Initials:

Each cut sheet provides a table for specification. The table to the right identifies each abbreviation, and what the abbreviation indicates. Note that each abbreviation has a specific unit of measurement.

Line Item/Table Initials		Unit of Measurement
A \emptyset /B \emptyset /C \emptyset /D \emptyset	diameter	inches
A/B/C/D/E/F	dimensions	inches
A	angle degree	degree of arc
BU	bottom up	orientation (inches)
D	depth	inches
Deg	degree	degree of arc
End 1	end 1 connection	N/A
End 2	end 2 connection	N/A
Ga	gauge	thickness
H	height	inches
L	length	inches
LR/SR	long radius/short radius	LR/SR
Liner	liner	thickness (inches)
O	offset	inches
Qty	quantity	# of units
R	radius	inches
TD	top down	orientation (inches)
Type	item label (i.e. A, B, C, etc.)	N/A
W	width	inches

Guide Definitions:

Each cut sheet form includes a guide of specifications to use for applicable details.

Seams	
MW	mig weld
PB	pittsburgh
SN	snap lock
SW	spot weld
TW	tig weld
End Connection	
B	bead
C	crimp
DM	ductmate
EC	end cap
FL	flange
LE	large end
PS	pipe size
RAW	raw (no treatment)
S&D	"S" and Drive
SE	small end
TDC	transverse connector/flange
Orientation	
A	angle/degree
BU	bottom up
CL	centerline
LR	long radius
O	offset
SR	short radius
STD	standard
TD	top down
Ancillaries	
D*	damper (types available: regular KSR-195, 3/8" rod, 1"/1.5" standoff)
LTV	large turn vanes
STV	small turn vanes



Cut Sheet: Form #1 – Rectangular Straight Duct

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

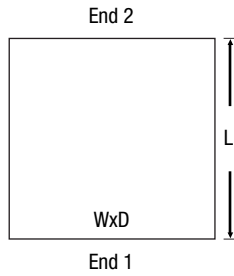
Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____



End Connection	60" Coil	48" Coil
TDC / TDC	56-1/4"	44-1/4"
TDC / Raw (or EC)	58-1/8"	46-1/8"
TDC / DM	58-1/8"	46-1/8"

End Connection	60" Coil	48" Coil
DM / DM	60"	48"
DM / Raw (or EC)	60"	48"

End Connection	60" Coil	48" Coil
S&D / S&D	59"	47"
S&D / Raw (or EC)	59-1/2"	47-1/2"
S&D / TDC	57-5/8"	45-5/8"
S&D / DM	59-1/2"	47-1/2"

Material: <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	Static Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	Liner: <input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	Special Handling Functions: <input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	Duct Cleanliness: <input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
--	--	---	--	--

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – S&D ("S" and Drive) – EC (End Cap) – RAW (Raw) Seams: PB (Pittsburgh) – SN (Snap Lock) – SW (Spot Weld) – MW (Mig Weld) – TW (Tig Weld)

Line #	Qty	Ga	W	D	L	Liner	End1	End2	Notes
I									
II									
III									
IV									
V									
VI									
VII									
VIII									
IX									

Order/Quote Number: _____



Cut Sheet: Form #2 – Transitions, Offsets, and Square-to-Rounds

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van-10'L x 10'6"H
- Box Truck-24'L x 13'6"H
- Flatbed-24'L x 10'6" H
- 28' Trailer- 28'L x 13'6"H
- 45' Trailer-45'L x 13'6" H

Customer and Job Information – Please fill out information completely

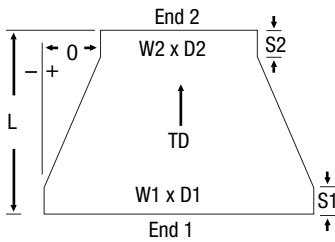
Company Name: _____ Job Name: _____

Contact Name: _____ Job Number: _____

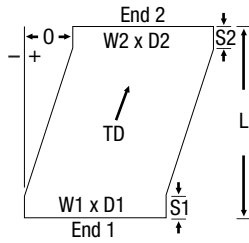
Contact Email: _____ P.O./Purchase Order #: _____

Contact Phone #: _____

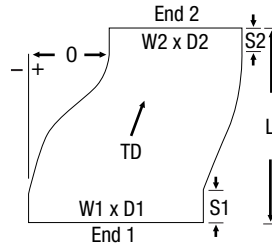
(A) Rect. Transition



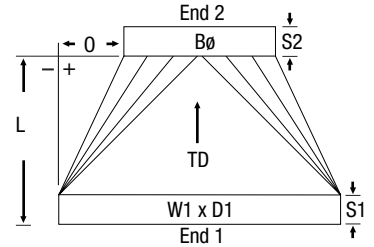
(B) Rect. Offset LEFT



(C) Ogee Offset LEFT



(D) Square-to-Round



Material:

- Galvanized
- Stainless Steel 304 2B
- Aluminum
- Cold Rolled
- Other: _____

Static Pressure:

- Positive
- Negative
- 0-2
- 3
- 4
- 6
- Other: _____

Liner:

- NO
- YES – 0.5"
- 1"
- 1.5"
- 2"

Special Handling Functions:

- Not Exposed
- Exposed
- Seal Seams
- Other: _____

Duct Cleanliness:

- Level 1: Cover Ends Only
No wipe down; visqueen ends.
- Level 2: "Dry" Clean and Cover
Wipe down inside (standard cloth); visqueen ends.
- Level 3: "Wet" Clean and Cover
Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
- Level 4: "Extra" Clean and Cover
Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – S&D ("S" & Drive) – EC (End Cap) – RAW (Raw)
Seams: PB (Pittsburgh) – MW (Mig Weld) – TW (Tig Weld)
Orientation: TD (Top Down) – BU (Bottom Up) – CL (Centerline) – O (Offset)

*NOTE: Specify Top Down (TD), Top Flat (TF), Bottom Up (BU), Bottom Flat (BF), or Centerline (CL) on applicable items.

Line #	Type	Qty	Ga	W1	D1	W2	D2	Bø	L	S1	S2	O	TD	End1	End2	Notes
I																
II																
III																
IV																
V																
VI																
VII																
VIII																

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #3 – End Caps (Rectangular)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

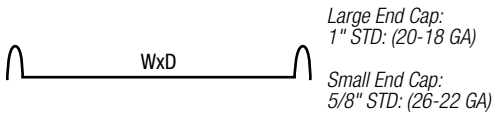
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28' L x 13'6" H
- 45' Trailer–45'L x 13'6" H

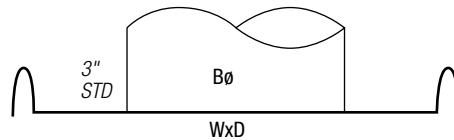
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

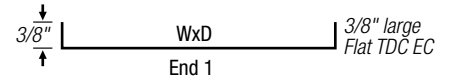
(A) Rect. End Cap



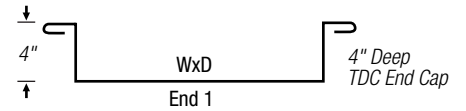
(B) Rect. End Cap w/ Outlet



(C) Flat TDC End Cap



(D) 4" Deep TDC End Cap



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized	<input type="checkbox"/> Positive	<input type="checkbox"/> NO	<input type="checkbox"/> Not Exposed	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends.
<input type="checkbox"/> Stainless Steel 304 2B	<input type="checkbox"/> Negative	<input type="checkbox"/> YES – <input type="checkbox"/> 0.5"	<input type="checkbox"/> Exposed	<input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends.
<input type="checkbox"/> Aluminum	<input type="checkbox"/> 0-2	<input type="checkbox"/> 1"	<input type="checkbox"/> Seal Seams	<input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Cold Rolled	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5"	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 4	<input type="checkbox"/> 2"		
	<input type="checkbox"/> 6			
	<input type="checkbox"/> Other: _____			

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – RAW (Raw) – PS (Pipe Size) – SE (Small End)
 B (Bead) – C (Crimp)
Seams: PB (Pittsburgh Lock) – SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	W1	D1	BØ	Liner	Notes
I								
II								
III								
IV								
V								
VI								
VII								
VIII								

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #4 – Ceiling Boxes (Rectangular)

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

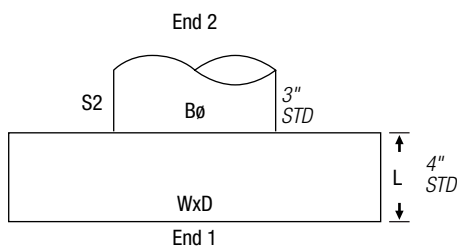
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(A) Ceiling Box



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Paint-Lok <input type="checkbox"/> Bonderized <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <hr/> <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – RAW (Raw) – PS (Pipe Size) – SE (Small End)
 B (Bead) – C (Crimp)
Seams: PB (Pittsburgh Lock) – SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Qty	Ga	W1	D1	L	Bø	S2	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										

Order/Quote Number: _____



Cut Sheet: Form #5 – Elbows (Rectangular)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

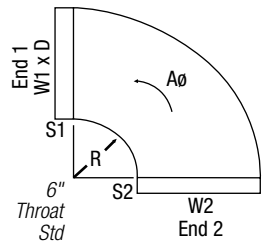
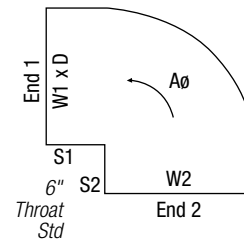
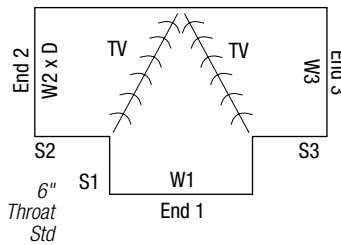
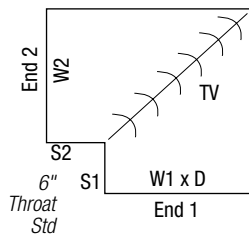
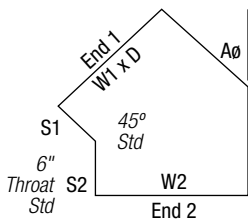
(A) Angle Elbow

(B) Rectangular Elbow

(C) Rectangular Tee

(D) Radius Elbow Square Throat

(E) Radius Elbow



Material:

- Galvanized
- Stainless Steel 304 2B
- Aluminum
- Cold Rolled
- Other: _____

Static Pressure:

- Positive
- Negative
- 0-2
- 3
- 4
- 6
- Other: _____

Liner:

- NO
- YES – 0.5"
- 1"
- 1.5"
- 2"

Special Handling Functions:

- Not Exposed
- Exposed
- Seal Seams
- Other: _____

Duct Cleanliness:

- Level 1: Cover Ends Only
No wipe down; visqueen ends.
- Level 2: "Dry" Clean and Cover
Wipe down inside (standard cloth); visqueen ends.
- Level 3: "Wet" Clean and Cover
Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
- Level 4: "Extra" Clean and Cover
Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – RAW (Raw)
Seams: PB (Pittsburg Lock) – TW (Tig Weld) – MW (Mig Weld) – SW (Spot Weld)
Orientation: A (Angle/Degree) – STD (Shop Standard)
Ancillaries: LTV (Large Turn Vanes) – STV (Small Turn Vanes)

Line #	Type	Qty	Ga	W1	D	W2	S1	S2	W3	S3	End1	End2	End3	TV	R	A	Notes
I																	
II																	
III																	
IV																	
V																	
VI																	
VII																	
VIII																	

Order/Quote Number: _____



Cut Sheet: Form #6 – Special Elbows (Rectangular)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

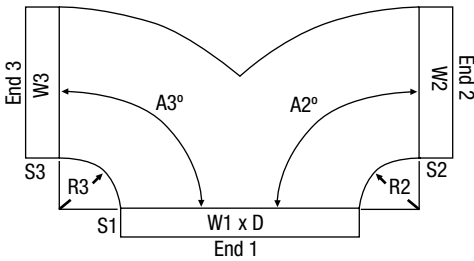
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28' L x 13'6"H
- 45' Trailer–45'L x 13'6" H

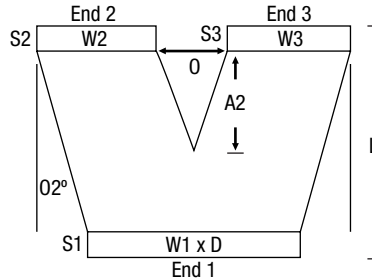
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

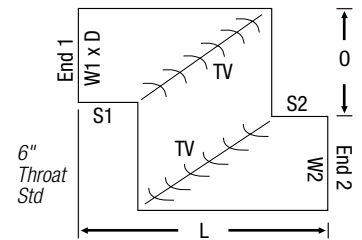
(A) Radius Wye Elbow



(B) Rectangular Pants



(C) Rectangular Elbow Offset



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized	<input type="checkbox"/> Positive	<input type="checkbox"/> NO	<input type="checkbox"/> Not Exposed	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends.
<input type="checkbox"/> Stainless Steel 304 2B	<input type="checkbox"/> Negative	<input type="checkbox"/> YES – <input type="checkbox"/> 0.5"	<input type="checkbox"/> Exposed	<input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends.
<input type="checkbox"/> Aluminum	<input type="checkbox"/> 0-2	<input type="checkbox"/> 1"	<input type="checkbox"/> Seal Seams	<input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Cold Rolled	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5"	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 4	<input type="checkbox"/> 2"		
	<input type="checkbox"/> 6			
	<input type="checkbox"/> Other: _____			

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – RAW (Raw)
Seams: PB (Pittsburg Lock) – TW (Tig Weld) – MW (Mig Weld) SW (Spot Weld)
Orientation: O (Offset) – R (Radius) – A (Angle/Degree) – STD (Shop Standard)
Ancillaries: LTV (Large Turn Vanes) – STV (Small Turn Vanes)

Line #	Type	Qty	Ga	W1	D	W2	W3	R2	R3	A2°	A3°	S1	S2	S3	End1	End2	End3	TV	L	O	O2	
I																						
II																						
III																						
IV																						
V																						
VI																						
VII																						

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #7 – Drop Cheek Elbows (Rectangular)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

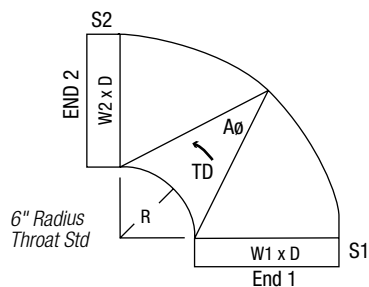
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

Customer and Job Information – Please fill out information completely

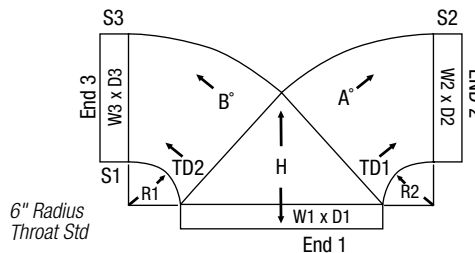
Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

(A) Radius Drop Cheek Elbow



(B) Radius Drop Cheek Wye



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – RAW (Raw)
Seams: PB (Pittsburg Lock) – TW (Tig Weld) – MW (Mig Weld) – SW (Spot Weld)
Orientation: TD (Top Down) – O (Offset) – R (Radius) – A (Angle/Degree) – STD (Shop Standard)
 *NOTE: Specify Top Down (TD), Top Flat (TF), Bottom Up (BU), Bottom Flat (BF), or Centerline (CL) on applicable items.

Line #	Type	Qty	Ga	W1	D1	W2	D2	A°	S2	S1	TD1	TD2	H	R1	R2	A1	A2	S3	End1	End2
I																				
II																				
III																				
IV																				
V																				
VI																				
VII																				

Order/Quote Number: _____



Cut Sheet: Form #8 – Flex Connectors (Rectangular and Round)

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

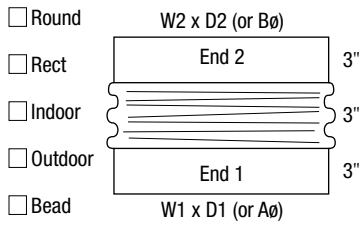
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

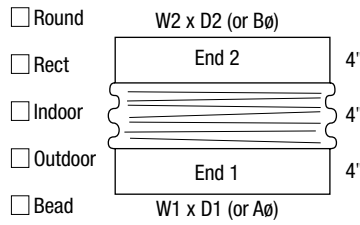
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

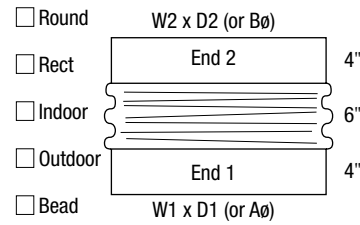
(A) Flex Connector



(B) Flex Connector



(C) Flex Connector



Material:

- Galvanized
- Stainless 304 2B
- Aluminum
- Other: _____

Static Pressure:

- Positive
- Negative
- 0-2
- 3
- 4
- 6
- Other: _____

Special Handling Functions:

- Exposed
- Not Exposed
- Seal Seams
- Visqueen/Wrap Ends
- Wipe Down Inside
- Wipe Down Inside (with 1:1 H2O/Alcohol)

Special Instructions:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange) – RAW (Raw) – S&D (“S” and Drive)

PS (Pipe Size) – B (Bead) –SE (Small End)– C (Crimp)

Seams: SW (Spot Weld)

Orientation: STD (Shop Standard)

Line #	Type	Qty	W1	D1	Aø	W2	D2	Bø	End 1	End2	Notes
I											
II											
III											
IV											
V											
VI											
VII											
VIII											
IX											

Order/Quote Number: _____



Cut Sheet: Form #9 – Round Fittings

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

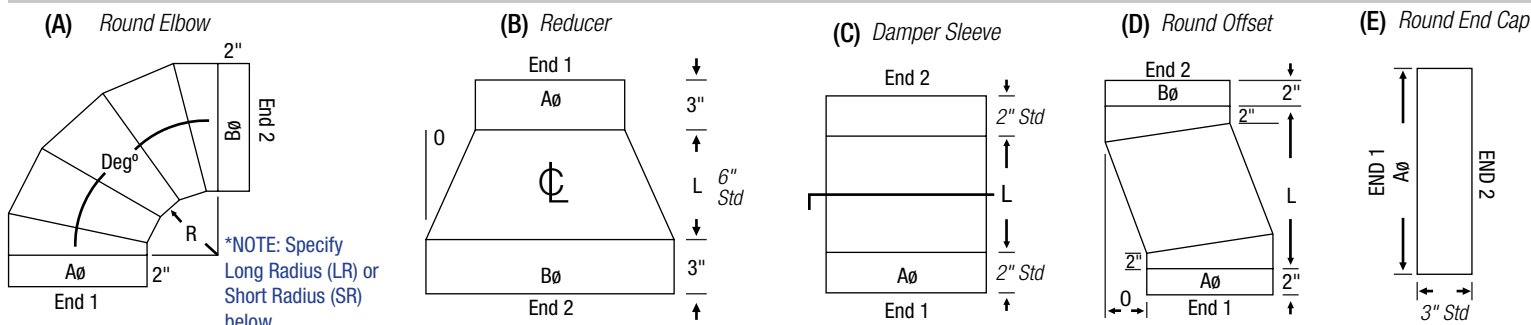
Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____



Material: <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	Static Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	Liner: <input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	Special Handling Functions: <input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	Duct Cleanliness: <input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
--	--	---	--	--

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard) – LR (Long Radius) – SR (Short Radius)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	Bø	L	O	End1	End2	R	LR/SR	Deg°	Notes
I													
II													
III													
IV													
V													
VI													
VII													
VIII													

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #10 – Wyes (Round)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

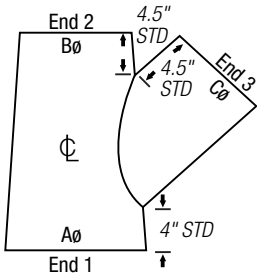
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

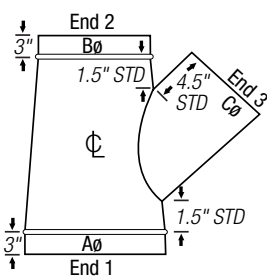
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

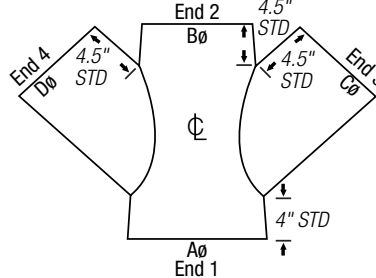
(A) Wye Branch



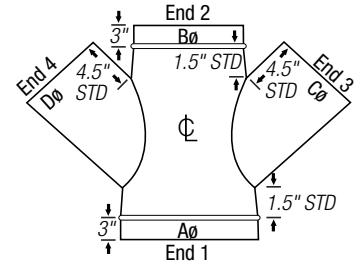
(B) Wye Branch with Collars



(C) Double Wye Branch



(D) Double Wye Branch with Collars



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	Bø	Cø	Dø	End1	End2	End3	End 4	Notes
I												
II												
III												
IV												
V												
VI												
VII												

Order/Quote Number: _____



Cut Sheet: Form #11 – Tees (Round)

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

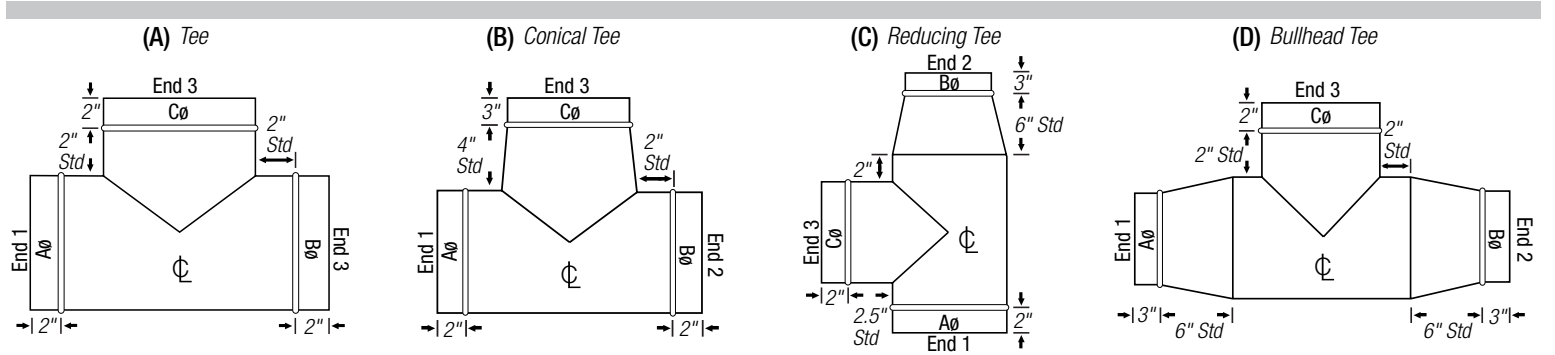
Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____



Material: <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	Static Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	Liner: <input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	Special Handling Functions: <input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	Duct Cleanliness: <input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
--	--	---	--	--

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	Bø	Cø	End1	End2	End3	Notes
I										
II										
III										
IV										
V										
VI										
VII										



Cut Sheet: Form #12 – Crosses (Round)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

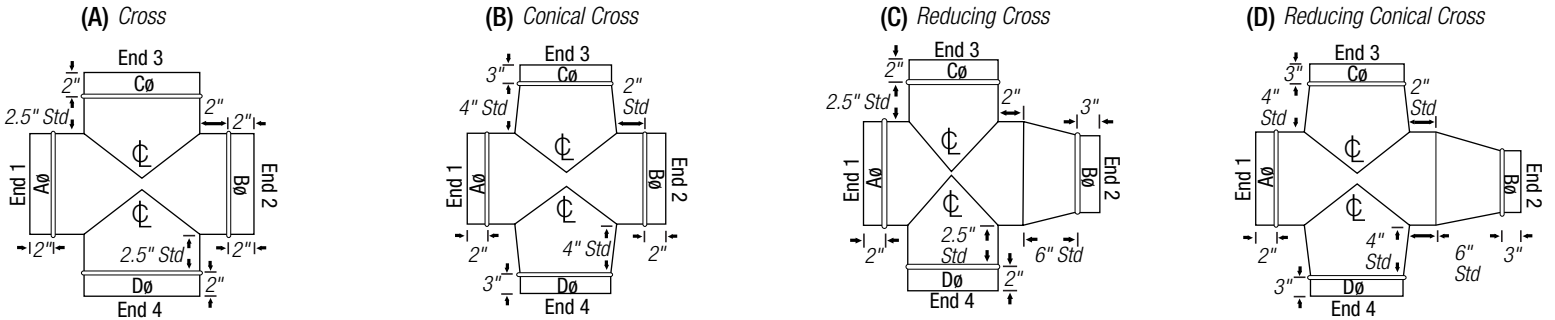
Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van-10'L x 10'6"H
- Box Truck-24'L x 13'6"H
- Flatbed-24'L x 10'6" H
- 28' Trailer- 28'L x 13'6"H
- 45' Trailer-45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	Bø	Cø	Dø	End1	End2	End3	Notes
I											
II											
III											
IV											
V											
VI											
VII											

Order/Quote Number: _____



Cut Sheet: Form #13 – Saddle Taps (Rectangular)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van-10'L x 10'6"H
- Box Truck-24'L x 13'6"H
- Flatbed-24'L x 10'6" H
- 28' Trailer- 28'L x 13'6"H
- 45' Trailer-45'L x 13'6" H

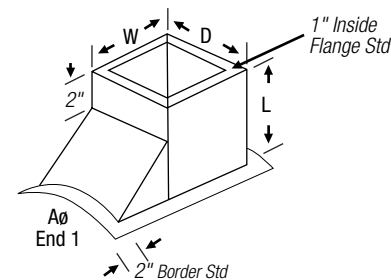
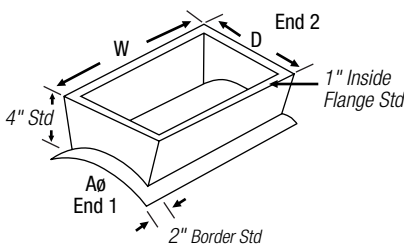
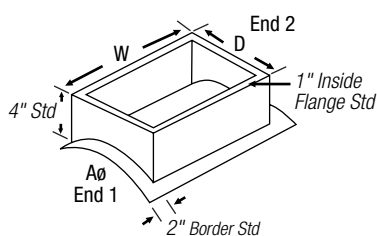
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(A) Rect. Saddle Tap-1

(B) Rect. Saddle Tap-2

(C) Rect. Saddle Tap-3



Material: <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	Static Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	Liner: <input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	Special Handling Functions: <input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	Duct Cleanliness: <input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
--	--	---	--	--

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	AØ	W	D	L	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										

Order/Quote Number: _____



Cut Sheet: Form #14 – Saddle Taps (Round): 1 of 2

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____

Contact Name: _____ Job Number: _____

Contact Email: _____ P.O./Purchase Order #: _____

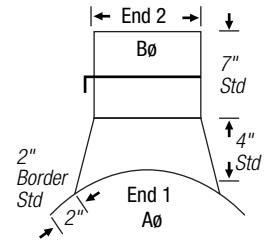
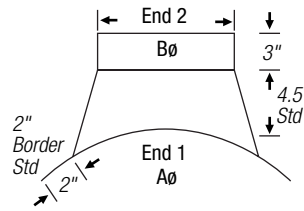
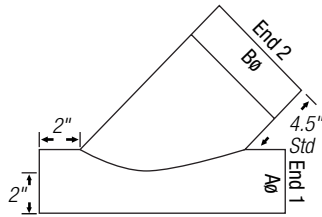
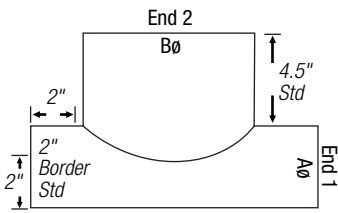
Contact Phone #: _____

(A) 90° Saddle Tap

(B) 45° Saddle Tap

(C) Conical Saddle Tap

(D) Conical Saddle Tap with Damper



Material:

- Galvanized
- Stainless Steel 304 2B
- Aluminum
- Cold Rolled
- Other: _____

Static Pressure:

- Positive
- Negative
- 0-2
- 3
- 4
- 6
- Other: _____

Liner:

- NO
- YES – 0.5"
- 1"
- 1.5"
- 2"

Special Handling Functions:

- Not Exposed
- Exposed
- Seal Seams
- Other: _____

Duct Cleanliness:

- Level 1: Cover Ends Only
No wipe down; visqueen ends.
- Level 2: "Dry" Clean and Cover
Wipe down inside (standard cloth); visqueen ends.
- Level 3: "Wet" Clean and Cover
Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
- Level 4: "Extra" Clean and Cover
Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)

Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)

Orientation: STD (Shop Standard)

Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	Bø	End1	End 2	Notes
I								
II								
III								
IV								
V								
VI								
VII								
VIII								

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #15 – Saddle Taps (Round): 2 of 2

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

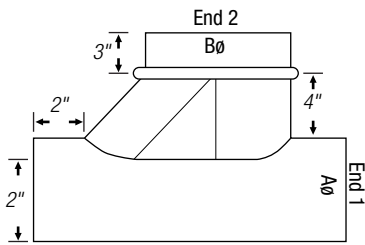
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

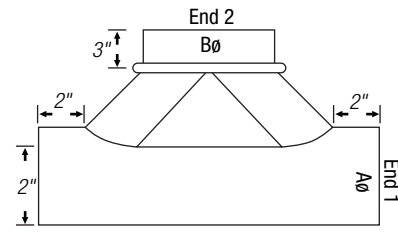
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(E) Shoe Saddle Tap ("Low Loss")



(F) Double Shoe Saddle Tap



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	Bø	End1	End 2	Notes
I								
II								
III								
IV								
V								
VI								
VII								
VIII								

Order/Quote Number: _____



Cut Sheet: Form #16 – Flat Taps (Rectangular and Round)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

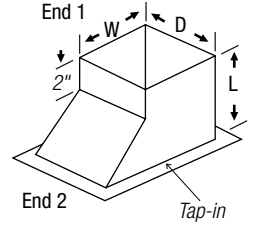
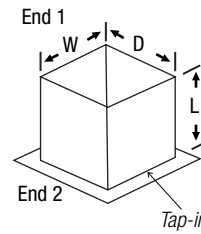
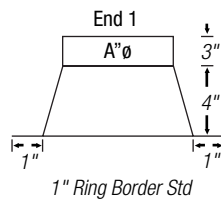
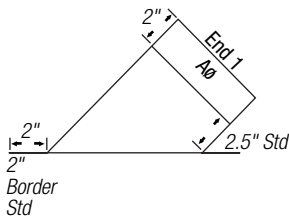
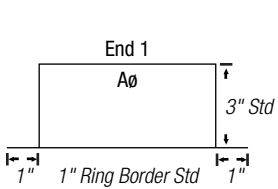
(A) 90° Flat Tap

(B) 45° Flat Tap

(C) Conical Flat Tap

(D) Rect. Flat Tap

(E) Shoe Tap



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	W	D	L	Aø	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										

Order/Quote Number: _____



Cut Sheet: Form #17 – Pipe and Couplings (Round)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

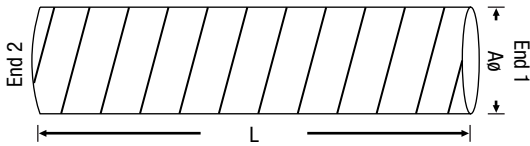
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van-10'L x 10'6"H
- Box Truck-24'L x 13'6"H
- Flatbed-24'L x 10'6" H
- 28' Trailer- 28'L x 13'6"H
- 45' Trailer-45'L x 13'6" H

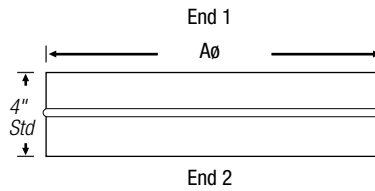
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

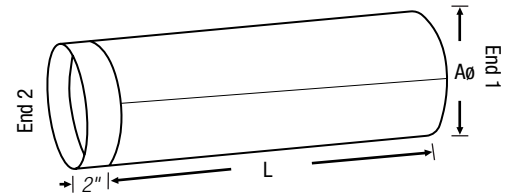
(A) Spiral Pipe



(B) Pipe Coupling



(C) Longseam Pipe



Material: <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	Static Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	Liner: <input type="checkbox"/> NO <input type="checkbox"/> YES - <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	Special Handling Functions: <input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	Duct Cleanliness: <input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
--	--	---	--	--

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – SE (Small End) – PS (Pipe Size)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8" Rod; 1"/1.5" Standoff)

Line #	Type	Qty	Ga	Aø	L	End1	End2	Notes
I								
II								
III								
IV								
V								
VI								
VII								
VIII								

Order/Quote Number: _____



Cut Sheet: Form #18 – Elbows (Oval)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6" H
- 45' Trailer–45'L x 13'6" H

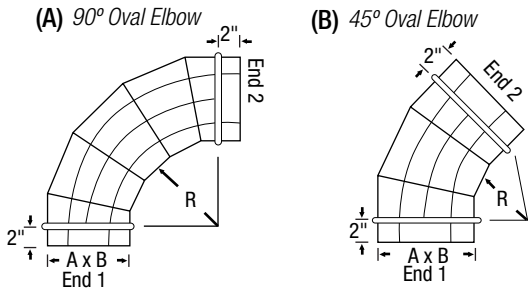
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____

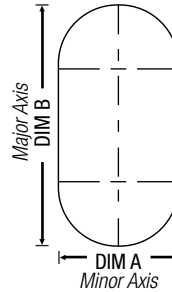
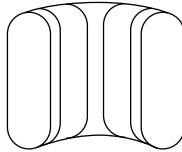
Contact Name: _____ Job Number: _____

Contact Email: _____ P.O./Purchase Order #: _____

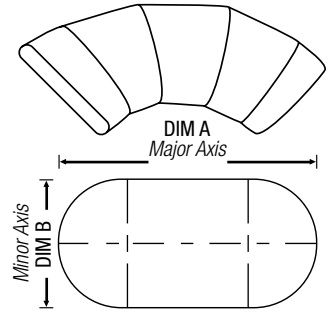
Contact Phone #: _____



Dimensions Example: 1



Dimensions Example: 2



*NOTE: Specify Long Radius (LR) or Short Radius (SR) below.

Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	R	SR/LR	Deg°	End1	End2	Notes
I											
II											
III											
IV											
V											
VI											
VII											
VIII											
IX											

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #19 – Offsets, Reducers, and End Caps (Oval)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

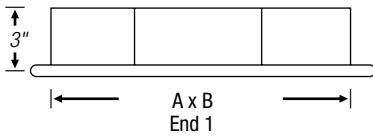
Company Name: _____ Job Name: _____

Contact Name: _____ Job Number: _____

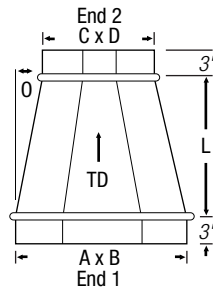
Contact Email: _____ P.O./Purchase Order #: _____

Contact Phone #: _____

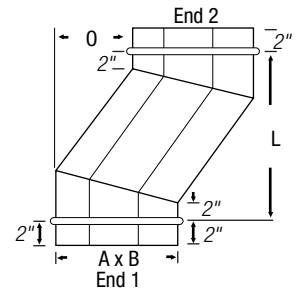
(A) Oval End Cap



(B) Oval Reducer



(C) Oval Offset



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	L	O	TD	End1	End2	Notes
I													
II													
III													
IV													
V													
VI													
VII													
VIII													

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #20 – Oval-to-Round and Oval-to-Rectangular

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

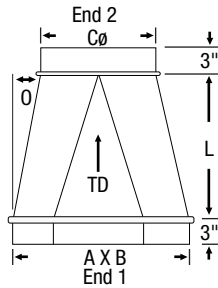
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

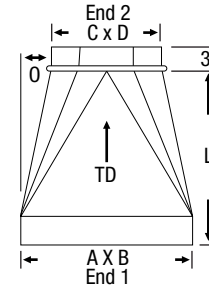
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(A) Oval-to-Round



(B) Rect.-to-Oval



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized	<input type="checkbox"/> Positive	<input type="checkbox"/> NO	<input type="checkbox"/> Not Exposed	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends.
<input type="checkbox"/> Stainless Steel 304 2B	<input type="checkbox"/> Negative	<input type="checkbox"/> YES – <input type="checkbox"/> 0.5"	<input type="checkbox"/> Exposed	<input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends.
<input type="checkbox"/> Aluminum	<input type="checkbox"/> 0-2	<input type="checkbox"/> 1"	<input type="checkbox"/> Seal Seams	<input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Cold Rolled	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5"	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 4	<input type="checkbox"/> 2"		
	<input type="checkbox"/> 6			
	<input type="checkbox"/> Other: _____			

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)

Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)

Orientation: STD (Shop Standard)

*NOTE: Specify Top Down (TD), Top Flat (TF), Bottom Up (BU), Bottom Flat (BF), or Centerline (CL) on applicable items.

Line #	Type	Qty	Ga	A	B	C	D	Cø	L	O	TD	End1	End2	Notes
I														
II														
III														
IV														
V														
VI														
VII														
VIII														

Order/Quote Number: _____



Cut Sheet: Form #21 – Saddle Taps (Oval-to-Oval)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

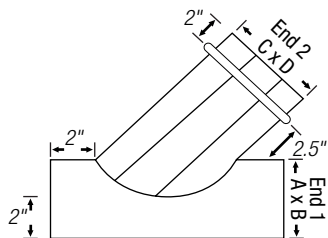
Company Name: _____ Job Name: _____

Contact Name: _____ Job Number: _____

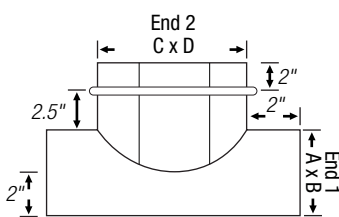
Contact Email: _____ P.O./Purchase Order #: _____

Contact Phone #: _____

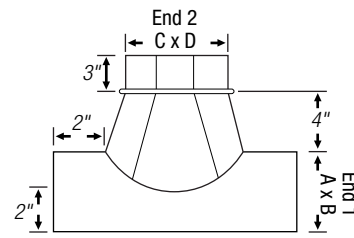
(A) 45° Oval-to-Oval Saddle Tap



(B) 90° Oval-to-Oval Saddle Tap



(C) 90° Oval-to-Oval Conical Saddle Tap



Material: <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	Static Pressure: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	Liner: <input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	Special Handling Functions: <input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	Duct Cleanliness: <input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
--	--	---	--	--

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										
IX										

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #22 – Saddle Taps (Oval-to-Oval): 2 of 2

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

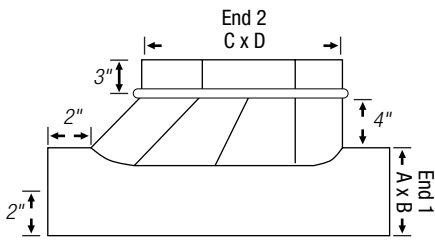
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van-10'L x 10'6"H
- Box Truck-24'L x 13'6"H
- Flatbed-24'L x 10'6" H
- 28' Trailer- 28'L x 13'6" H
- 45' Trailer-45'L x 13'6" H

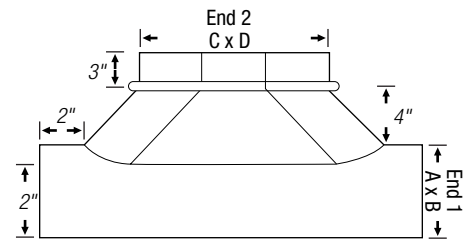
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(D) 90° Oval Shoe Saddle Tap ("Low Loss")



(E) Oval Double Shoe Saddle Tap



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										
IX										

Order/Quote Number: _____



Cut Sheet: Form #23 – Tees, Laterals, and Conicals (Oval-to-Oval): 1 of 2)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

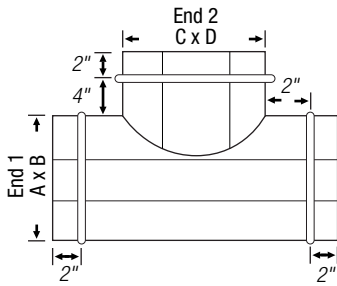
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

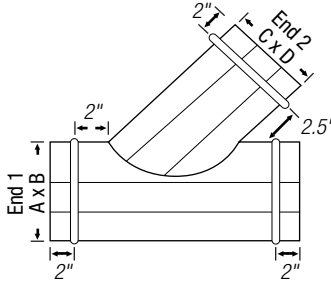
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

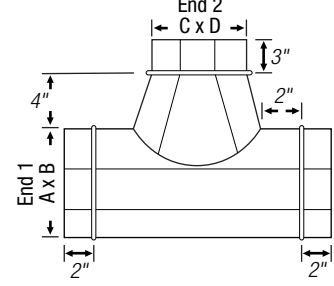
(A) 90° Oval-to-Oval HB Tee



(B) 45° Oval-to-Oval HB Tee



(C) 90° Oval-to-Oval HB Conical



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										
IX										

Order/Quote Number: _____



Cut Sheet: Form #24 – Tees, Laterals, and Conicals (Oval-to-Oval): 2 of 2

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

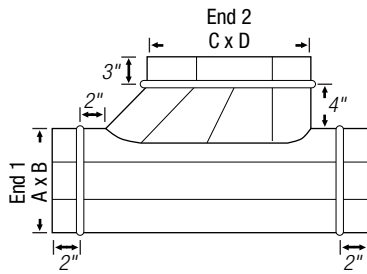
Company Name: _____ Job Name: _____

Contact Name: _____ Job Number: _____

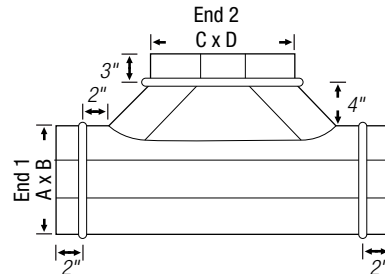
Contact Email: _____ P.O./Purchase Order #: _____

Contact Phone #: _____

(D) Oval Shoe Saddle Tee ("Low Loss")



(E) Oval Double Shoe Saddle Tee



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	End1	End2	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										
IX										

Order/Quote Number: _____



Cut Sheet: Form #25 – Double Branch Tees, Laterals, and Conicals (Oval-to-Oval): 1 of 2

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

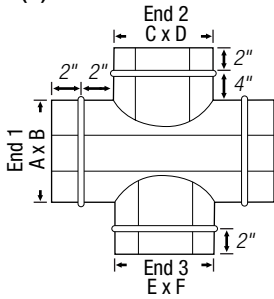
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

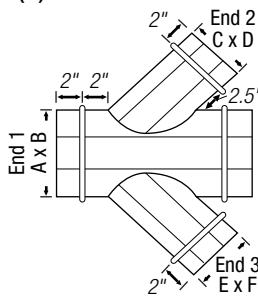
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

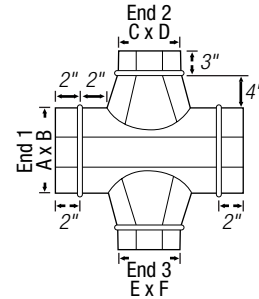
(A) 90° Oval-to-Oval Double Tee



(B) 45° Oval-to-Oval Double Tee



(C) 90° Oval-to-Oval Conical Double Tee



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	E	F	End1	End2	Notes
I												
II												
III												
IV												
V												
VI												
VII												
VIII												
IX												

Order/Quote Number: _____



Cut Sheet: Form #26 – Double Branch Tees, Laterals, and Conicals (Oval-to-Oval): 2 of 2)

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

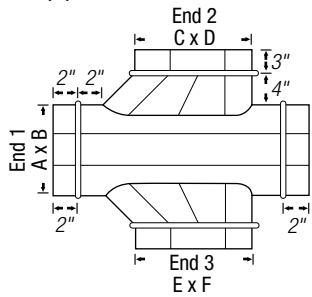
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6" H
- 45' Trailer–45'L x 13'6" H

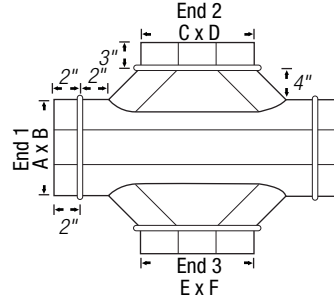
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(D) Oval Shoe Cross ("Low Loss")



(E) Oval Double Shoe Cross



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless Steel 304 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Cold Rolled <input type="checkbox"/> Other: _____	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> 0-2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> Other: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES – <input type="checkbox"/> 0.5" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2"	<input type="checkbox"/> Not Exposed <input type="checkbox"/> Exposed <input type="checkbox"/> Seal Seams <input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends. <input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends. <input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends. <input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty	Ga	A	B	C	D	E	F	End1	End2	Notes
I												
II												
III												
IV												
V												
VI												
VII												
VIII												
IX												

Order/Quote Number: _____



Cut Sheet: Form #27 – Pipe and Couplings (Oval)

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

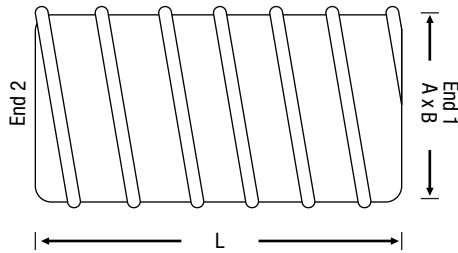
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

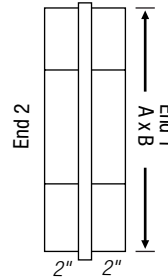
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(A) Oval Spiral Pipe



(B) Oval Coupling



Material:	Static Pressure:	Liner:	Special Handling Functions:	Duct Cleanliness:
<input type="checkbox"/> Galvanized	<input type="checkbox"/> Positive	<input type="checkbox"/> NO	<input type="checkbox"/> Not Exposed	<input type="checkbox"/> Level 1: Cover Ends Only No wipe down; visqueen ends.
<input type="checkbox"/> Stainless Steel 304 2B	<input type="checkbox"/> Negative	<input type="checkbox"/> YES – <input type="checkbox"/> 0.5"	<input type="checkbox"/> Exposed	<input type="checkbox"/> Level 2: "Dry" Clean and Cover Wipe down inside (standard cloth); visqueen ends.
<input type="checkbox"/> Aluminum	<input type="checkbox"/> 0-2	<input type="checkbox"/> 1"	<input type="checkbox"/> Seal Seams	<input type="checkbox"/> Level 3: "Wet" Clean and Cover Wipe down inside (standard cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Cold Rolled	<input type="checkbox"/> 3	<input type="checkbox"/> 1.5"	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Level 4: "Extra" Clean and Cover Wipe down inside (lint-free cloth) with 50/50 alcohol and water; visqueen ends.
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 4	<input type="checkbox"/> 2"		
	<input type="checkbox"/> 6			
	<input type="checkbox"/> Other: _____			

Special Instructions/Notes:

GUIDE: End Connections: B (Bead) – C (Crimp) – PS (Pipe Size) – SE (Small End)
Seams: SW (Spot Weld) – TW (Tig Weld) – MW (Mig Weld)
Orientation: STD (Shop Standard)

Line #	Type	Qty.	Ga	A	B	L	End 1	End 2	Notes
I									
II									
III									
IV									
V									
VI									
VII									
VIII									

Order/Quote Number: _____



Cut Sheet: Form #28 – Pans and Covers

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

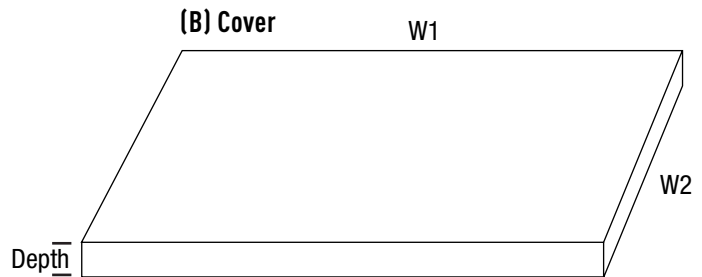
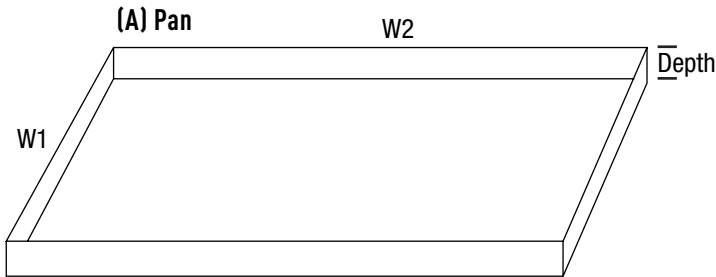
Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____



*NOTE: Please show outlet placement in the drawing, along with dimensions/measurements of placement.

<p>Material:</p> <input type="checkbox"/> Galvanized <input type="checkbox"/> Stainless 304 2B <input type="checkbox"/> Stainless 304 #4 <input type="checkbox"/> Stainless 316 2B <input type="checkbox"/> Aluminum <input type="checkbox"/> Other: _____	<p>Seam Treatment:</p> <input type="checkbox"/> "Butt" Corners <input type="checkbox"/> Other: _____ <input type="checkbox"/> Soldered <input type="checkbox"/> Spot Weld <input type="checkbox"/> Mig Weld <input type="checkbox"/> Soldered & Spot and Sealed (water tightness) <input type="checkbox"/> Tig Weld (for cosmetic/exposed applications)	<p>Special Handling Functions:</p> <input type="checkbox"/> Exposed <input type="checkbox"/> For Food/Drink Service Application <input type="checkbox"/> Other (see notes below)	<p>Outlet:</p> <input type="checkbox"/> 3/4" Male – Galvanized <input type="checkbox"/> 3/4" Female – Galvanized <input type="checkbox"/> Other: _____
--	---	---	---

Special Instructions:

GUIDE: Edges: **FL** (Flange: include size) – **H** (Hem: include size and "in" or "out") – **R** (Raw)
 Seams: **BC** ("Butt Corners") – **SLD** (Soldered) – **SW** (spot weld) – **MW** (mig weld) – **TW** (tig weld)
 Connecting Seams (for pieces over 120" long): **AH** (Acme/Hammer Lock) – **LS** (Lap Soldered) – **SS** (Standing Seam)

Line #	Type	Qty.	Ga	W1 (inches)	W2 (inches)	Depth (inches)	Edges	Seams	Connecting Seams	Notes
I										
II										
III										
IV										
V										
VI										
VII										



Cut Sheet: Form #29 – Chase Covers

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

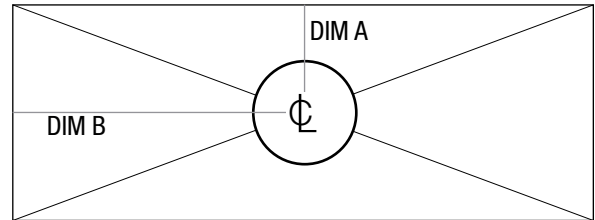
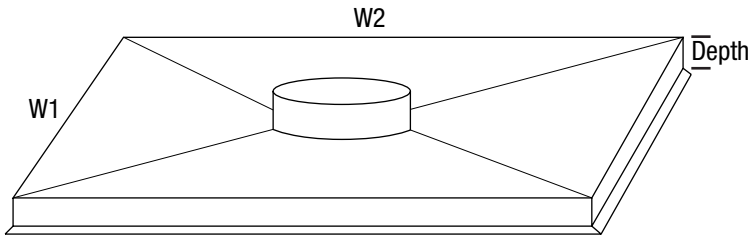
Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6" H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____



Acosta Mfg. standard is 3" deep with acme seam, x-break, and soldered.

*NOTE: Please show collar placement if it is not centerlined, and specify dimensions of placement.

Material:

- Galvanized
- Stainless 304 2B
- Stainless 304 #4
- Stainless 316 2B
- Aluminum
- Other: _____

Special Handling Functions:

- "Butt" Corners
- Soldered
- Spot Weld
- Other: _____

Special Instructions:

GUIDE: End Connections: **FL** (Flange: include size) – **H** (Hem: include size and "in" or "out") – **R** (Raw)
 Seams: **BC** ("Butt Corners") – **SLD** (Soldered) – **SW** (spot weld)

Line #	Qty.	Ga	W1 (inches)	W2 (inches)	Depth (inches)	DIM A	DIM B	Collar Diameter	Centerline Collar (Y/N)	Notes
I										
II										
III										
IV										
V										
VI										
VII										
VIII										
IX										

Order/Quote Number: _____



Cut Sheet: Form #30 – Decco Top

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

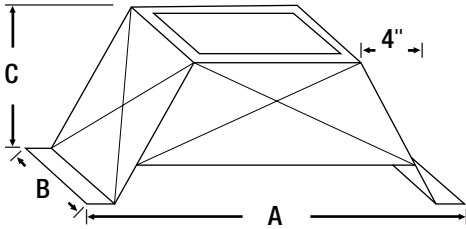
Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

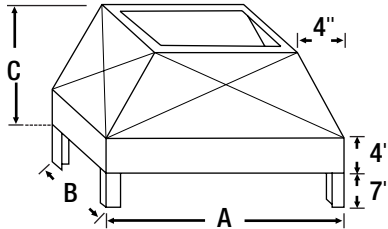
Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

(NL) Standard Decco Top without Legs

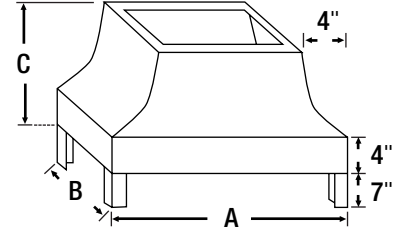


(WL) Standard Decco Top with Legs



*** 7" legs are applicable when chase cover is 3" deep.
 *** DIM C is from top of chase cover to top of decco top.

(C) Curved Decco Top



Material:

- Galvanized
- Bonderized
- Copper
- Other: _____

Special Instructions:

Line #	Type	Qty	Ga	DIM A	DIM B	DIM C	Notes
I							
II							
III							
IV							
V							
VI							
VII							
VIII							
IX							
X							
XI							

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #31 – Angle Flashing

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____

Contact Name: _____ Job Number: _____

Contact Email: _____ P.O./Purchase Order #: _____

Contact Phone #: _____

(C) Channel

(Z) Z-Bar

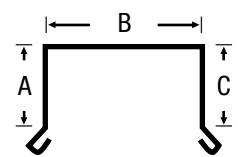
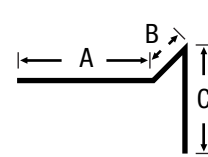
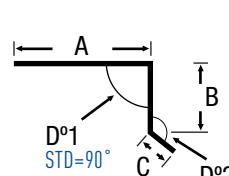
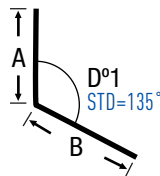
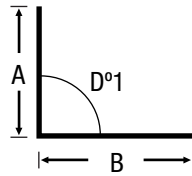
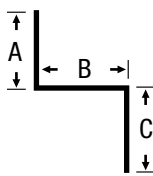
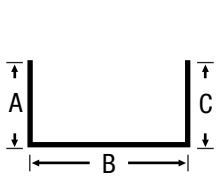
(A) Angle

(R) Roof to Wall

(N) Nosing

(G) Gravel Stop

(CO) Capping



Material:

- Galvanized
- Bonderized
- Copper
- Other: _____

Special Handling Functions:

For (N) Nosing or (CO) Capping:

- Acme Edge -or- Kick & Hem
- Hem Open -or- Hem Closed

Acme Edge Diagram:

Special Instructions:

Line #	Type	Qty	Ga	L	A (inches)	B (inches)	C (inches)	D°1	D°2	Stretchout (inches)	Hem (inches)	Kick (inches)	Notes
I													
II													
III													
IV													
V													
VI													
VII													
VIII													
IX													
X													
XI													

Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #32 – Custom Fabrication

Published June 2025

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

Material:

- Galvanized
- Stainless 316 2B
- Bonderized
- Cold Rolled
- Jet Kote
- Aluminum
- Stainless 304 2B
- Other: _____

Special Handling Functions:

- Exposed
- Not Exposed
- Seal Seams
- Visqueen/Wrap Ends
- Wipe Down Inside
- Wipe Down Inside (with 1:1 H2O/Alcohol)

Static Pressure:

- 0-2
- 3
- 4
- 6
- Other: _____ -> Positive
- Negative

Liner:

- NO
- YES – 0.5"
- 1"
- 1.5"
- 2"

Special Instructions:

GUIDE: End Connections: TDC (Transverse Connector/Flange) – DM (Ductmate) – FL (Flange: include size) – S&D (“S” & Drive) – EC (End Cap)
 RAW (Raw) – B (Bead) – C (Crimp)– PS (Pipe Size) – SE (Small End) – H (Hem: include size and “in” or “out”)
Seams: PB (Pittsburgh) – MW (Mig Weld) – TW (Tig Weld) – BC (“Butt Corners”) – SLD (Soldered) – SW (spot weld)
Orientation: TD (Top Down) – BU (Bottom Up) – CL (Centerline) – O (Offset) – STD (Shop Standard) – R (Radius) – A (Angle/Degree)
Ancillaries: *D (Damper: Regular; KSR-195; 3/8” Rod; 1”/1.5” Standoff) – LTV (Large Turn Vanes) – STV (Small Turn Vanes)

*NOTE: Specify Top Down (TD), Top Flat (TF), Bottom Up (BU), Bottom Flat (BF), or Centerline (CL) on applicable items.



Order/Quote Number: _____

www.acostamfg.com
 sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122

Cut Sheet: Form #33 – Stock Order Form: 1 of 2

Published April 2023



Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28' L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

Special Handling Functions: Visqueen/Cover Ends on all items (additional charge applies) Exposed * All items will be fabricated to stock specifications.

More stock items available. See our catalog at: www.acostamfg.com

Qty. (each)	Spiral Pipe (10" or 8" Lg)	Qty. (each)	Spiral Collars	Qty. (each)	Spiral Elbows 45°	Qty. (each)	Spiral Elbows 90°	Qty. (each)	Adjustable Elbows 90°	Qty. (each)	Adjustable Elbows 45°
sizes 38"–64" are made to order		sizes 38" + are made to order		<input type="checkbox"/> S/R Radius <input type="checkbox"/> L/R Radius		<input type="checkbox"/> S/R Radius <input type="checkbox"/> L/R Radius		<input type="checkbox"/> S/R Radius <input type="checkbox"/> L/R Radius (4"–18")		<input type="checkbox"/> S/R Radius <input type="checkbox"/> L/R Radius (4"–18")	
	3" (26GA)		3" (26GA)		6" (24 GA)		6" (24 GA)		3" (26GA)		3" (26GA)
	4" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		4" (26GA)		8" (24 GA)		8" (24 GA)		4" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		4" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	5" (26GA)		5" (26GA)		10" (24 GA)		10" (24 GA)		5" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		5" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	6" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA <input type="checkbox"/> 8"Lg		6" (26GA)		12" (24 GA)		12" (24 GA)		6" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		6" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	7" (26GA)		7" (26GA)		14" (24 GA)		14" (24 GA)		8" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		8" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	8" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA <input type="checkbox"/> 8"Lg		8" (26GA)		16" (24 GA)		16" (24 GA)		10" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		10" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	9" (26GA)		9" (26GA)		18" (24 GA)		18" (24 GA)		12" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		12" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	10" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA <input type="checkbox"/> 8"Lg		10" (26GA)		20" (24 GA)		20" (24 GA)		14" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA		14" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA
	12" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA <input type="checkbox"/> 8"Lg		12" (26GA)		22" (24 GA)		22" (24 GA)		16" (24 GA)		16" (24 GA)
	14" <input type="checkbox"/> 24GA <input type="checkbox"/> 26GA <input type="checkbox"/> 8"Lg		14" (26GA)		24" (24 GA)		24" (24 GA)		18" (24 GA)		18" (24 GA)
	16" (24 GA) <input type="checkbox"/> 8"Lg		16" (24 GA)	Qty. (per foot)	Wireflex 25° LG	Qty. (per foot)	Wireflex 5° LG		20" (24 GA)		20" (24 GA)
	18" (24 GA) <input type="checkbox"/> 8"Lg		18" (24 GA)	<input type="checkbox"/> R 4.2 <input type="checkbox"/> R8		<input type="checkbox"/> R 4.2 <input type="checkbox"/> R8			22" (24 GA)		22" (24 GA)
	20" (24 GA) <input type="checkbox"/> 8"Lg		20" (24 GA)		4"		4"		24" (24 GA)		24" (24 GA)
	22" (24 GA)		22" (24 GA)		6"		6"		26" (24 GA)		26" (24 GA)
	24" (24 GA)		24" (24 GA)		8"		8"		28" (22 GA)		28" (22 GA)
	26" (24 GA)		26" (24 GA)		10"		10"		30" (22 GA)		30" (22 GA)
	28" (22 GA)		28" (22 GA)		12"		12"		32" (22 GA)		32" (22 GA)
	30" (22 GA)		30" (22 GA)		14"		14"		34" (22 GA)		34" (22 GA)
	32" (22 GA)		32" (22 GA)		16"		16"				
	34" (22 GA)		34" (22 GA)		18"		18"				
	36" (22 GA)		36" (22 GA)		20"		20"				
										Qty. (each)	Alumaspiral
Qty. (per foot)	Strap	Qty. (each)	Spot & Sealed Elbows 90°	Qty. (each)	Spot & Sealed Elbows 45°	Qty. (each)	Acoustical Flex w/out Damper	Qty. (each)	Acoustical Flex w/ Damper	<input type="checkbox"/> Taped <input type="checkbox"/> Visqueen	
	1" x 120" (18 GA)		<input type="checkbox"/> S/R Radius <input type="checkbox"/> L/R Radius	<input type="checkbox"/> S/R Radius <input type="checkbox"/> L/R Radius	<input type="checkbox"/> R 4.2 <input type="checkbox"/> R8	<input type="checkbox"/> R 4.2 <input type="checkbox"/> R8		<input type="checkbox"/> R 4.2 <input type="checkbox"/> R8			6"
	1" x 120" (22 GA)		4" (24 GA)		4" (24 GA)		6"		6"		8"
	1" x 60" (22 GA): ROLL		6" (24 GA)		6" (24 GA)		8"		8"		10"
	1.5" x 120" (22 GA)		8" (24 GA)		8" (24 GA)		10"		10"		12"
	1.5" x 120" (24 GA)		10" (24 GA)		10" (24 GA)		12"		12"		14"
	1.5" x 100" (26 GA): ROLL		12" (24 GA)		12" (24 GA)		14"		14"		16"
			14" (24 GA)		14" (24 GA)		16"		16"		18"
			16" (24 GA)		16" (24 GA)		18"		18"		20"
			18" (24 GA)		18" (24 GA)		20"		20"		22"
			20" (24 GA) *S/R Only		20" (24 GA) *S/R Only						24"

Order/Quote Number: _____

www.acostamfg.com
sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122



Cut Sheet: Form #34 – Stock Order Form: 2 of 2

Published April 2023

Date: _____ Page _____ of _____ Requested Completion Date and Time: _____

Will Call -OR- Delivery: Requested Date & Time: _____

Address for Delivery: – Include street name, city, zip code, any building/Area #, etc.

Vehicle Size Limitation(s), if applicable:
 If the job site has any restrictions to the size of vehicle that can be used for delivery, please mark the vehicle size(s) that CAN be used.

- Van–10'L x 10'6"H
- Box Truck–24'L x 13'6"H
- Flatbed–24'L x 10'6" H
- 28' Trailer– 28'L x 13'6"H
- 45' Trailer–45'L x 13'6" H

Customer and Job Information – Please fill out information completely

Company Name: _____ Job Name: _____
 Contact Name: _____ Job Number: _____
 Contact Email: _____ P.O./Purchase Order #: _____
 Contact Phone #: _____

Special Handling Functions: Visqueen/Cover Ends on all items (additional charge applies) Exposed * All items will be fabricated to stock specifications.

More stock items available. See our catalog at: www.acostamfg.com

Qty. (each)	Square-to-Round	Qty. (each)	Conical Tap	Qty. (each)	Saddle Wye	Qty. (each)	Collar with Damper
	10"x12" to 8" (24GA)		6"		4" on 6"x8"x10"		4" ("Jiffy" Hardware)
	10"x12" to 10" (24GA)		8"		6" on 8"x10"x12"		5" ("Jiffy" Hardware)
	10"x12" to 12" (24GA)		10"		8" on 10"x12"x14"		6" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	10"x12" to 14" (24GA)		12"		10" on 12"x14"x16"		7" ("Jiffy" Hardware)
	12"x14" to 8" (24GA)		14"		12" on 14"x16"x18"		8" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	12"x14" to 10" (24GA)		16"		14" on 16"x18"x20"		9" ("Jiffy" Hardware)
	12.5"x14" to 12" (24GA)	Qty. (each)	Self Stick Collar	Qty. (each)	Saddle Tee		10" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	12.5"x14" to 14" (24GA)		4" (26GA)		6" on 8"		12" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	15"x16" to 16" (24GA)		6" (26GA)		6" on 10"		14" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	15"x16" to 18" (24GA)		8" (26GA)		6" on 12"		16" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	20"x17.5" to 16" (24GA)		10" (26GA)		8" on 10"		18" <input type="checkbox"/> ("Jiffy" Hardware) <input type="checkbox"/> Heavy-duty Hardware
	20"x17.5" to 18" (24GA)		12" (26GA)		8" on 12"	Qty. (each)	Spiral End Cap
Qty. (each)	Taper with Collar		14" (26GA)		8" on 14"		4" (26GA)
All are 24 gauge. For spiral, unless checked "not for spiral".			16" (24GA)		10" on 12"		5" (26GA)
	6"-4"		18" (24GA)		10" on 14"		6" (26GA)
	8"-4"		20" (24GA)		10" on 16"		7" (26GA)
	8"-6" <input type="checkbox"/> not for spiral		22" (24GA)		12" on 14"		8" (26GA)
	10"-6"		24" (24GA)		12" on 16"		9" (26GA)
	10"-8" <input type="checkbox"/> not for spiral	Qty. (each)	Ceiling Box		12" on 18"		10" (26GA)
	12"-8"		6"x6"x6"		14" on 16"		12" (26GA)
	12"-10" <input type="checkbox"/> not for spiral		8"x8"x8"		14" on 18"		14" (26GA)
	14"-10" <input type="checkbox"/> not for spiral		10"x10"x8"		14" on 20"		16" (24GA)
	14"-12" <input type="checkbox"/> not for spiral		10"x10"x10"	Qty. (each)	Saddle Tap (rect.)		18" (24GA)
	16"-12"		12"x12"x10"		8"x16" on 10" round		20" (24GA)
	16"-14" <input type="checkbox"/> not for spiral		12"x12"x12"		8"x16" on 12" round		22" (24GA)
	18"-14"		14"x14"x12"		8"x16" on 14" round		24" (24GA)
	18"-16" <input type="checkbox"/> not for spiral		14"x14"x14"		8"x12" on 10" round	Qty. (each)	Miscellaneous
	20"-16"		16"x16"x14"		8"x12" on 12" round		DP 1010 sealant (1-gallon tub)
	20"-18"		18"x18"x16"		8"x12" on 14" round		DP 1020 sealant (1-gallon tub)
	22"-18"		20"x20"x18"	Qty. (each)	"S" and Drive Clip		2" x 360' 555 "FlexFix" Black Tape
	22"-20"		22"x22"x20"		"S" Clip 120" lg <input type="checkbox"/> Galvanized <input type="checkbox"/> 304 2B Stainless		2" x 180' 557 UL "FlexFix" Black Tape
	24"-20"				Drive Clip 120" lg <input type="checkbox"/> Galvanized <input type="checkbox"/> 304 2B Stainless		2" x 360' 555 UL "FlexFix" Silver Tape
	24"-22"				Standing "S" Clip 120" lg <input type="checkbox"/> Galvanized <input type="checkbox"/> 304 2B Stainless		2" x 180' 558 UL 181-B Silver Tape
							#10 x 0.75" Self-Tapping Screws
							#8 x 0.5" Zip Screws

Order/Quote Number: _____

www.acostamfg.com
sales@acostamfg.com

Phone (408) 275-6370

930 Remillard Court
 San Jose, CA 95122