

# Black Oxide Drop off Sheet

**\* indicates required field**



Date*					
Customer Name*					
PO#					
# of Pieces					
# of containers					
Rust Inhibitor	Oil <input type="radio"/>	Wax <input type="radio"/>	Rust Veto <input type="radio"/>	RP-20 <input type="radio"/>	Perkote <input type="radio"/>
Specification (if needed):					
Racking/ Handling/ Packing Instructions					

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