

CUSTOM ORDER AXWOOD STOVE TOP (INSERT) ADAPTOR WORKSHEET

COPPERFIELD CHIMNEY SUPPLY • 800-247-3305 • FAX 800-272-5156

Installer's Name _____	Homeowner's Name or Job No. _____
City, State, Zip _____	Date Measurement Taken _____
Phone _____ Fax _____	Order Number (Bridge) _____
Email Address _____	Factory Direct PO # _____

	Adaptor #1	Adaptor #2	Adaptor #3	Adaptor #4	Adaptor #5
SHAPE (mark if YES)					
A. Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Outside Mounting Tabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Adaptor #1	Adaptor #2	Adaptor #3	Adaptor #4	Adaptor #5
HEIGHT (the body height of the adapter)					
Height (4 1/2" std)	_____ "	_____ "	_____ "	_____ "	_____ "

	Adaptor #1	Adaptor #2	Adaptor #3	Adaptor #4	Adaptor #5
TOP OPENING (shape & size)					
A. Round	_____ "	_____ "	_____ "	_____ "	_____ "
- Diameter	_____ "	_____ "	_____ "	_____ "	_____ "
<i>Note: We will add 1/4" to this measurement</i>					
B. Oval (outside dimensions)	_____ "	_____ "	_____ "	_____ "	_____ "
- Width	_____ "	_____ "	_____ "	_____ "	_____ "
- Length	_____ "	_____ "	_____ "	_____ "	_____ "
<i>The standard oval opening is sized for small OvalFlex with outside dimensions of 4 3/4" x 10 5/8".</i>					
C. With Hose Clamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Adaptor #1	Adaptor #2	Adaptor #3	Adaptor #4	Adaptor #5
BOTTOM OPENING (shape & size)					
A. Round	_____ "	_____ "	_____ "	_____ "	_____ "
- Diameter	_____ "	_____ "	_____ "	_____ "	_____ "
<i>Note: We will subtract 1/4" to this measurement</i>					
B. Rectangle	_____ "	_____ "	_____ "	_____ "	_____ "
- Width (3 1/4" std)	_____ "	_____ "	_____ "	_____ "	_____ "
- Length (13 3/4" std)	_____ "	_____ "	_____ "	_____ "	_____ "
C. Open Bottom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Adaptor #1	Adaptor #2	Adaptor #3	Adaptor #4	Adaptor #5
OFFSET (center to center)					
Standard (approx. 2")	_____ "	_____ "	_____ "	_____ "	_____ "
Double Lintel (add 4")	_____ "	_____ "	_____ "	_____ "	_____ "
Customer Determined	_____ "	_____ "	_____ "	_____ "	_____ "
Total:	_____ "	_____ "	_____ "	_____ "	_____ "

QUANTITY	Adaptor #1	Adaptor #2	Adaptor #3	Adaptor #4	Adaptor #5
	_____	_____	_____	_____	_____

COMMENTS