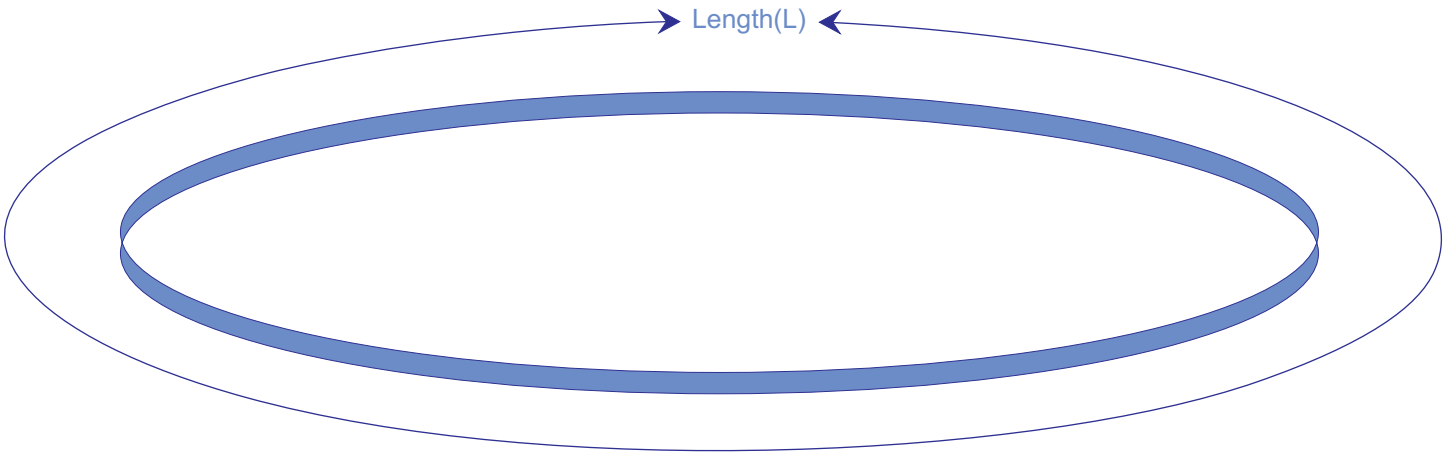
SPLITTING BAND KNIFE

Measurement Sheet



One splitting blade opened and laid flat on the ground

Customer Information

Name _____

Position _____

Company _____

Address

_____

Country _____

Tel _____

Fax _____

Email _____

Web _____

Type of Enquiry *(choose one of the following)*

_____ Quotation _____ Purchase Order

Machine Details

Make _____

Model _____

Splitting Band Knife Specification

L _____ _____ mm/inch *(choose one)*

W _____ _____ mm/inch *(choose one)*

T _____ _____ mm/inch *(choose one)*

Material to be Split *(choose one of the following)*

_____ Wet Blue _____ Lime _____ Dry

_____ Rubber _____ Foam _____ Cork

_____ Leather for shoes, leather goods or components

_____ Others *(please specify)*

_____

Number of Blades _____ pieces

Cross section of a splitting blade

Additional Remarks

_____

Signature & Stamp

Please complete the form and send it back to us by Mail, Fax or Email

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