

Customer Information

Name _____

Position _____

Company _____

Address _____

Country _____

Tel _____

Fax _____

Email _____

Web _____

Machine Details

Make _____

Model _____

Shaving Blade Specification

L1 _____ mm/inch (choose one)

L2 _____ mm/inch (choose one)

L3 _____ mm/inch (choose one)

D1 _____ mm/inch (choose one)

D2 _____ mm/inch (choose one)

Type of Shaving Blade (choose one of the following)

_____ Full Hard _____ Center Soft _____ Front Hard

Number of Blades

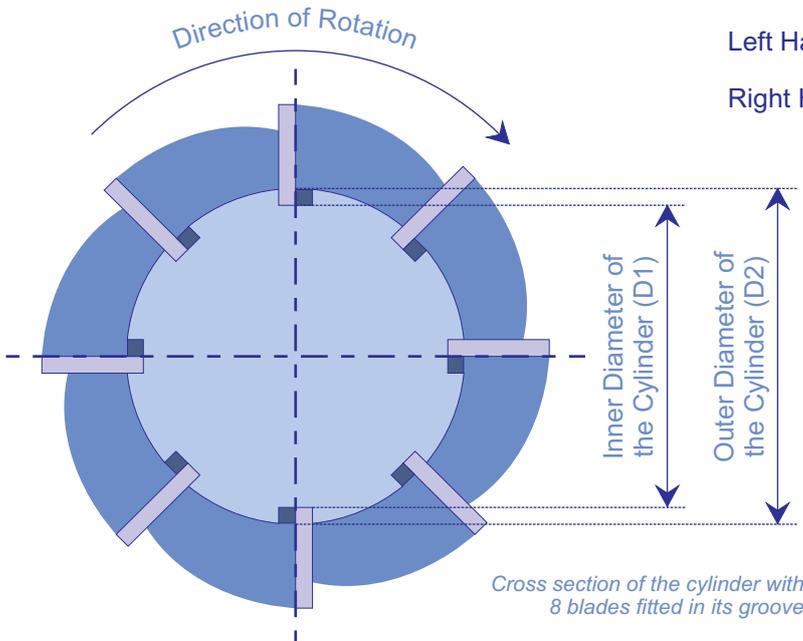
Left Hand Winding _____ pieces

Right Hand Winding _____ pieces

Type of Enquiry (choose one of the following)

_____ Quotation _____ Purchase Order

Additional Remarks



Kindly write to us for your requirement of **Copper Caulking Strips** to fix the blade on the Shaving Machine Cylinder

Signature & Stamp

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