

**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**

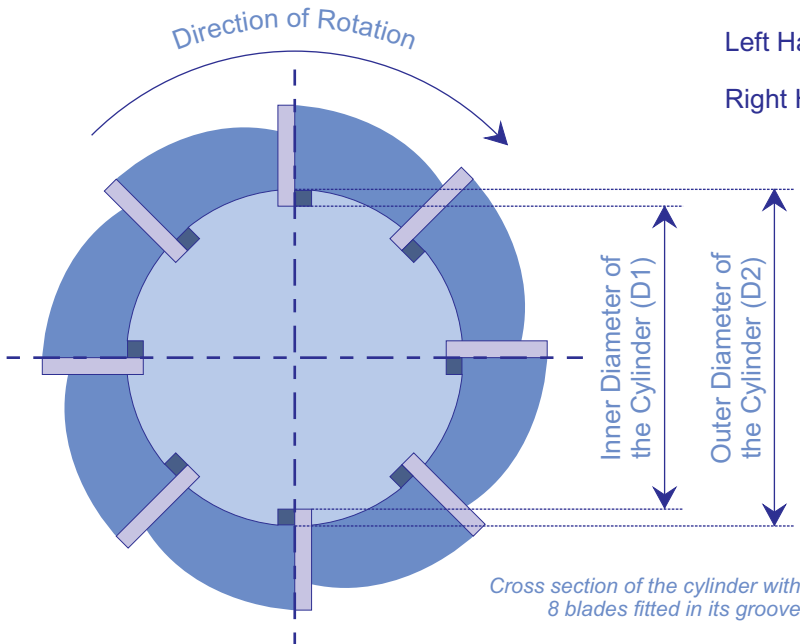
Left Hand Winding \_\_\_\_\_ pieces

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