



*One splitting blade opened and laid flat on the ground*

**Customer Information**

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Web \_\_\_\_\_

Order Number \_\_\_\_\_

Reference Number \_\_\_\_\_

Date \_\_\_\_\_

*(enter the date in dd/mm/yyyy format)*

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

\_\_\_\_\_ Quotation \_\_\_\_\_ Purchase Order

**Additional Remarks**



*Cross section of a splitting blade*

*Signature & Stamp*

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

Splitting  
Bandknife  
1

Splitting  
Bandknife  
2

Splitting  
Bandknife  
3

Splitting  
Bandknife  
4

Splitting  
Bandknife  
5

**Machine Details**

Make \_\_\_\_\_

Model \_\_\_\_\_

**Blade Specifications**

Length of Blade (L) \_\_\_\_\_ mm/  
inch

Blade Width (W) \_\_\_\_\_ mm/  
inch

Blade Thickness (T) \_\_\_\_\_ mm/  
inch

**Quantity** \_\_\_\_\_ pcs

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

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Wet Blue                                       | <input type="checkbox"/> Wet Blue                                       | <input type="checkbox"/> Wet Blue                                       | <input type="checkbox"/> Wet Blue                                       | <input type="checkbox"/> Wet Blue                                       |
| <input type="checkbox"/> Lime   | <input type="checkbox"/> Lime   | <input type="checkbox"/> Lime   | <input type="checkbox"/> Lime   | <input type="checkbox"/> Lime   |
| <input type="checkbox"/> Dry  | <input type="checkbox"/> Dry  | <input type="checkbox"/> Dry  | <input type="checkbox"/> Dry  | <input type="checkbox"/> Dry  |
| <input type="checkbox"/> Leather for shoes, leather goods or components | <input type="checkbox"/> Leather for shoes, leather goods or components | <input type="checkbox"/> Leather for shoes, leather goods or components | <input type="checkbox"/> Leather for shoes, leather goods or components | <input type="checkbox"/> Leather for shoes, leather goods or components |
| <input type="checkbox"/> Rubber   | <input type="checkbox"/> Rubber   | <input type="checkbox"/> Rubber   | <input type="checkbox"/> Rubber   | <input type="checkbox"/> Rubber   |
| <input type="checkbox"/> Foam   | <input type="checkbox"/> Foam   | <input type="checkbox"/> Foam   | <input type="checkbox"/> Foam   | <input type="checkbox"/> Foam   |
| <input type="checkbox"/> Cork   | <input type="checkbox"/> Cork   | <input type="checkbox"/> Cork   | <input type="checkbox"/> Cork   | <input type="checkbox"/> Cork   |
| <input type="checkbox"/> Others (please specify)                        | <input type="checkbox"/> Others (please specify)                        | <input type="checkbox"/> Others (please specify)                        | <input type="checkbox"/> Others (please specify)                        | <input type="checkbox"/> Others (please specify)                        |

Prepared by \_\_\_\_\_

*Signature & Stamp*

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

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

\_\_\_\_\_ FOB \_\_\_\_\_ CIF \_\_\_\_\_ C&F \_\_\_\_\_ Freight TO-PAY (for shipments only within India)

\_\_\_\_\_ Others (please specify) \_\_\_\_\_

**Mode of Transport**

\_\_\_\_\_ By Air Name of the Airport \_\_\_\_\_

\_\_\_\_\_ By Sea Name of the Seaport \_\_\_\_\_

\_\_\_\_\_ By Road Destination \_\_\_\_\_

\_\_\_\_\_ By Courier Name of the Courier \_\_\_\_\_

Courier Service Customer ID (if any) \_\_\_\_\_

**Accompanying Documents**

\_\_\_\_\_ Invoice \_\_\_\_\_ Packing List \_\_\_\_\_ Bill of Lading \_\_\_\_\_ Certificate of Origin

\_\_\_\_\_ Fumigation Certificate (as ordered materials are packed in wooden boxes of varying dimensions)

\_\_\_\_\_ Additional Documents (please specify) 1. \_\_\_\_\_ 2. \_\_\_\_\_

Prepared by \_\_\_\_\_

\_\_\_\_\_  
*Signature & Stamp*

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