



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 _____ mm/ inch _____ mm/ inch _____ mm/ inch _____ mm/ inch

Blade Width (W) _____ mm/ inch _____ mm/ inch _____ mm/ inch _____ mm/ inch _____ mm/ inch

Blade Thickness (T) _____ mm/ inch _____ mm/ inch _____ mm/ inch _____ mm/ inch _____ mm/ inch

Quantity _____ pcs _____ pcs _____ pcs _____ pcs _____ 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