



One splitting blade opened and laid flat on the ground

Customer Information

Name _____
Position _____
Company _____
Address _____
Country _____
Tel _____
Fax _____
Email _____
Web _____

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)

Type of Enquiry (choose one of the following)

____ Quotation ____ Purchase Order

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