

Office use only:

Sales Rep _____

Order Number _____



510 Commercial Drive
Fairfield, OH 45014
Phone: 513-860-1598
Fax: 513-860-1597

Customer use only:

Custom Roll Information Sheet

Company Name: _____

Contact: _____

Phone: _____ Fax: _____

Email _____

This roll will be for a (Circle One): Handroller Rolldown machine

Weight of roll: _____ (Circle One): Pound Kgram gram
(Tolerance of weight will be +/- 1%)

Width of roll: _____ (Circle One): Inch mm
(Tolerance of weight will be +/- 1%)

Rubber Covered (Circle One): YES NO

Rubber Thickness: _____
(Rubber will be 1/4" thick and 80 Durometer gray silicone +/-5 unless specified.)

If not rubber covered, what surface finish is needed? _____

Diameter of roll: _____
(Note: Do not specify diameter of roll unless it is necessary. It will increase the cost.)

Provide published standards that need to be met:

Signature: _____