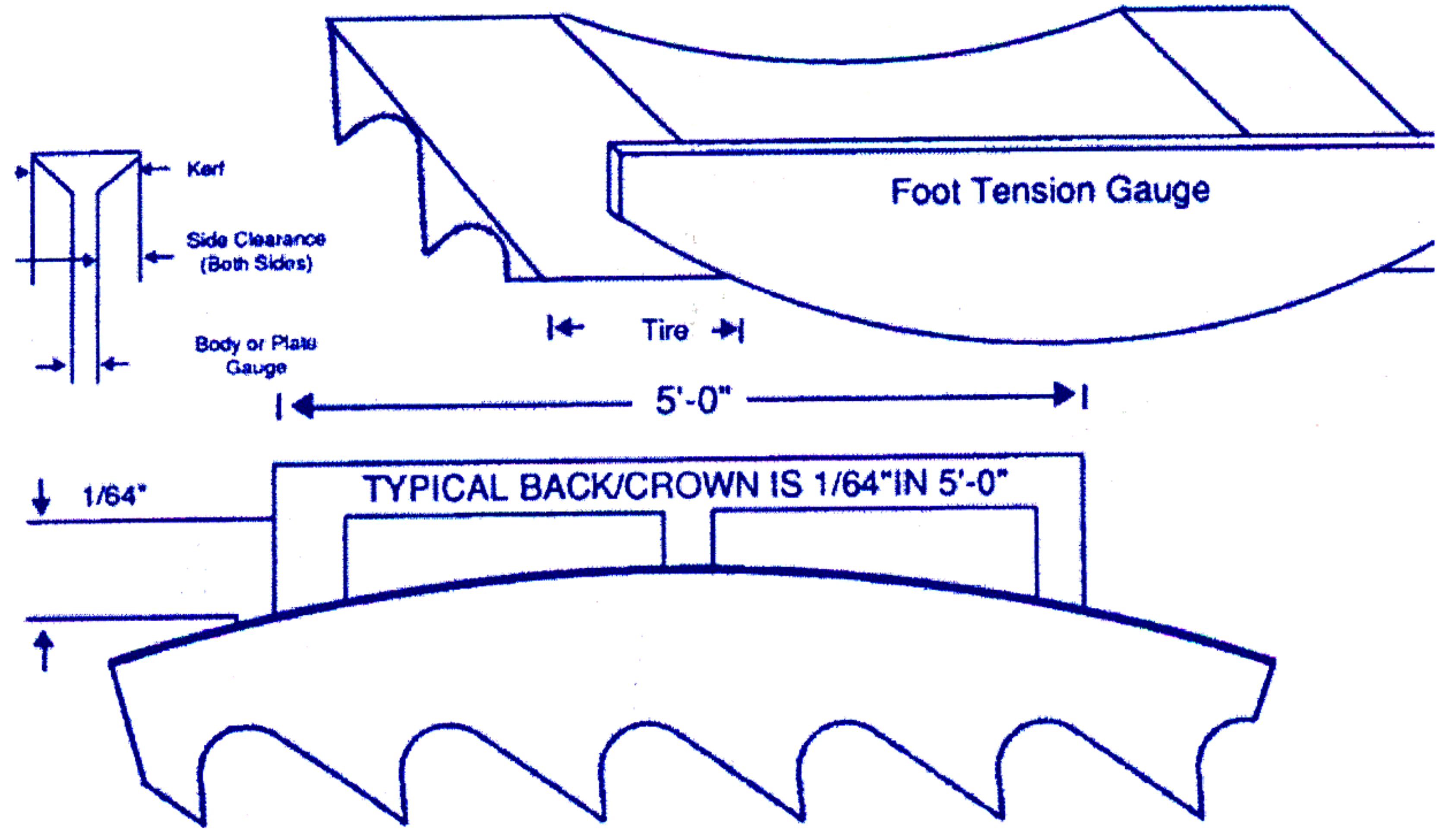


# Fax Back Form for Custom Quote Wide Bandsaw

Please fill in the following information and we will send you a quote. If you are not sure of what you should enter, fill in what you know and we will follow-up with you to finalize the specification(s). Fax this form to us at **978-568-9497**.



Name _____		Company _____	
Street Address _____		City/State/Zip _____	
Work Phone _____	FAX _____	E-mail _____	
Quantity _____	Length _____	Width _____	
Gauge _____	Tooth Space _____	Hand _____	
Back _____	Tire Line Width _____	Tension _____	

**Type of Saw**  
 Double Cut     Single Cut     Sliver Tooth    Tension \_\_\_\_\_

**Tooth Rubbing cannot be photocopied or faxed – IT MUST BE MAILED.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**1-800-221-5452 / FAX: 978-568-9497**