

MOULDED STAVE BRUSH

Date: _____

Company: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

PART No: _____

Length: _____

Width: _____

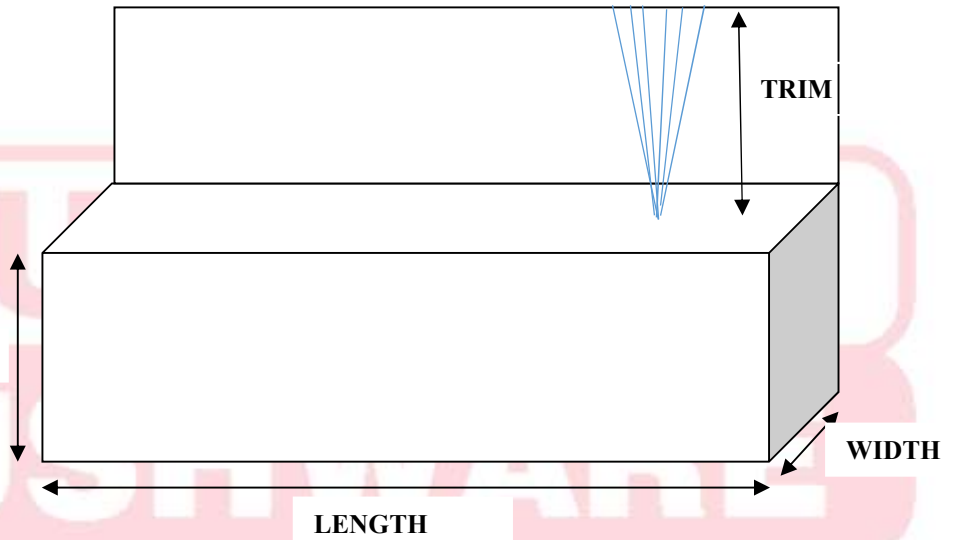
Backing Height: _____

Fill: _____

Qty Rows: _____

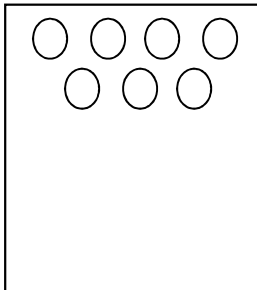
Qty Bundles: _____

Trim Length: _____

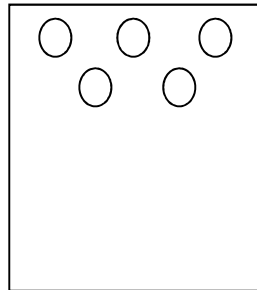


ANY SIZE FILLAMENT CAN BE USED IN MOULDING

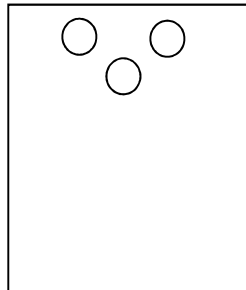
**7 ROW
STAGGERED**



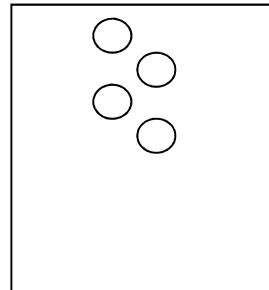
**5 ROW
STAGGERED**



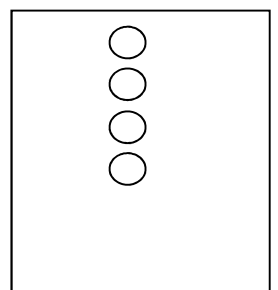
**3 ROW
STAGGERED**



**2 ROW
STAGGERED**



**1 SINGLE
ROW**



Comments _____