

SPECIAL ORDER FORM

SOFT JAWS

Metric & Imperial Serrations

Customer # _____ Date: _____

Company Name: _____ Your Name: _____

Address: _____

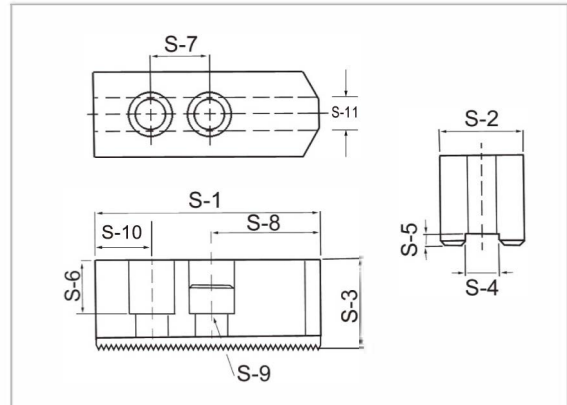
Phone: _____ Fax: _____ E-mail: _____

▶▶ PLEASE NOTE

- ▶ Special Order jaws are NON-REFUNDABLE.
- ▶ Special Order Soft Jaws have 100 sets (300piece) minimum.

Angle of Jaws: _____

Quantity (3Pcs/Set): _____



UNIT: mm

Chuck Size	S-1 Length	S-2 Width	S-3 Height	S-4 Groove Width	S-5	S-6	S-7 Hole space	S-8	S-9 Bolt Size	S-10	S-11	Material Steel or Aluminum

Angle of Tooth	Serration Pitch	Angle of Tooth	Serration Pitch
	<input type="checkbox"/> 1.5mmX60° <input type="checkbox"/> 3.0mmX60°		<input type="checkbox"/> 1/16"X90° <input type="checkbox"/> 3/32"X90°

Angle	(A) <input type="checkbox"/> Flat	(B) <input type="checkbox"/> Standard	(C) <input type="checkbox"/> 120° Pointed	(D) <input type="checkbox"/> 90° Pointed	(E) <input type="checkbox"/> 60° Pointed

Chuck Make & Model Number: _____

Chuck Make & Model Number may help us provide better service to you.

Please fill out if placing an order:

PO#: _____ Customer Signature: _____ Date: _____

OFFICE USE ONLY

Quoted By: _____

List Price Per Set: _____ (Valid for 30 Days)

Order Will Ship within _____ days after receiving your order is confirmed, and receiving your remittance.