

SPECIAL ORDER FORM TONGUE & GROOVE SOFT JAWS

Customer # _____ Date: _____

Company Name: _____ Your Name: _____

Address: _____

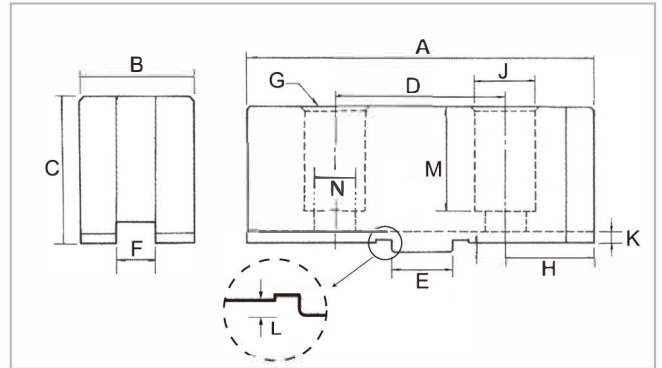
Phone: _____ Fax: _____ E-mail: _____

▶▶ PLEASE NOTE

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

Angle of Jaws: _____

Quantity (3Pcs/Set): _____



UNIT: mm

Chuck Size	A Length	B Width	C Height	D Hole Space	E	F Groove Width	G Bolt Size	H	J	K	L	M	N	Material Steel

Angle	(A) <input type="checkbox"/> Flat	(B) <input type="checkbox"/> Standard	(C) <input type="checkbox"/> 120° 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.