

Custom Splice Form

Customer Name: _____

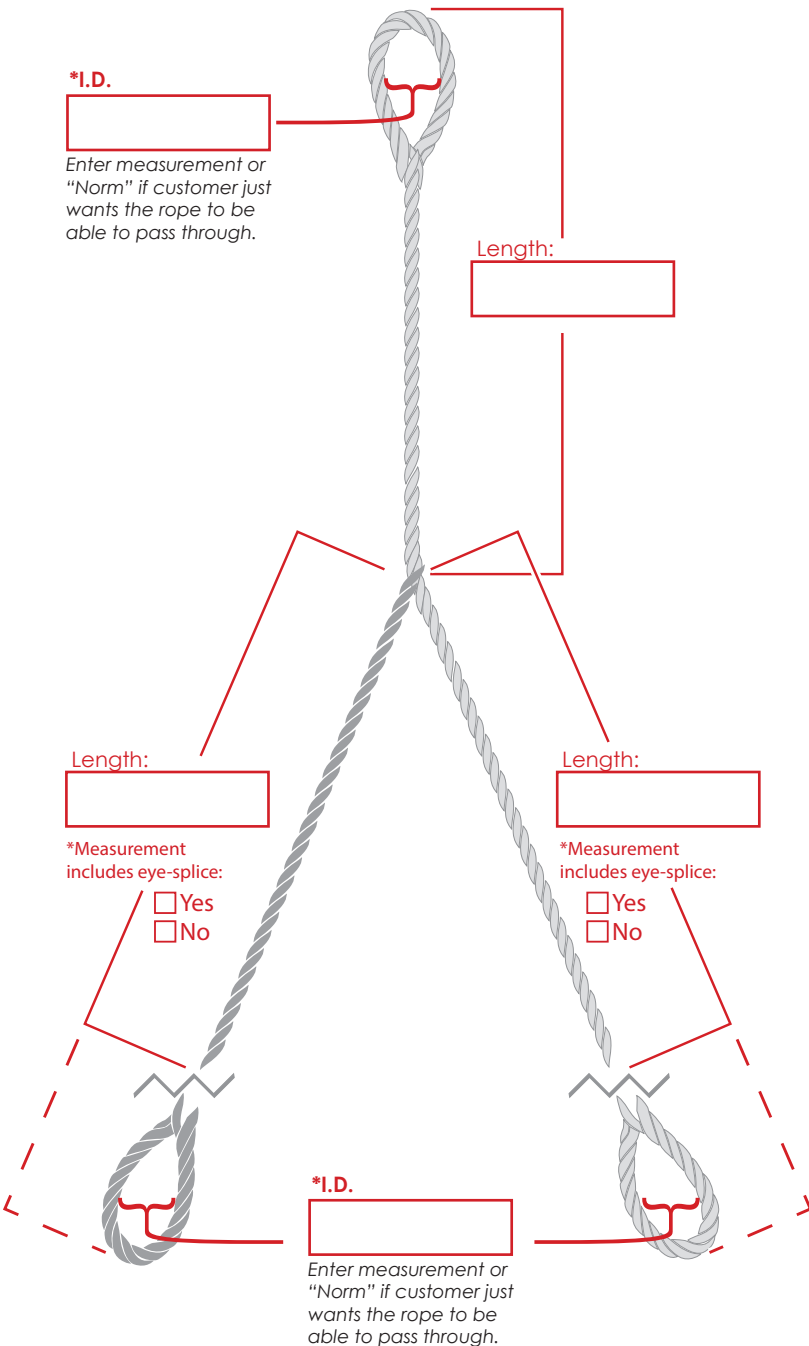
Phone Number: _____

E-mail: _____

Address: _____

Date: _____

Order Number: _____



Please fill in the appropriate dimensions and measurements in the diagram to the left.

Any additional notes/instructions should be listed below.

Need By Date: _____

Rope Type: _____

Number of Splices: _____

Use (if known): _____

How to Finish 2 Bottom Ends:

- Tape
- Whip
- Eye Splice

Notes: