

ROLLER BRUSH SPECIFICATION FORM

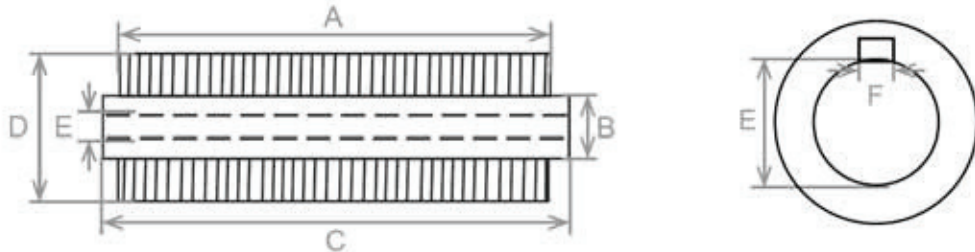
Please copy this form, fill out and send back to us

CUSTOMER DETAILS

Contact person: _____

Company name: _____ Phone: _____

Email: _____



DIMENSIONS

A (mm): _____

C (mm): _____

E (mm): _____

B (mm): _____

D (mm): _____

F – Keyway Size (mm): _____

FILLING MATERIAL

Type: _____

Gauge: _____

Trim Style:

Flat trim



OR

Corrugated trim



High start



Low start

REQUIRED QUANTITY

Flat Trim

Corrugated Trim	
High Start	Low Start

APPLICATION

(Please let us know any other important information)

PREFERRED DELIVERY DATE:

When you have copied and filled out, please email or fax this form to EQM Industrial
Ph: 0800 147 847 | Fax: 06 878 8472
Email: sales@eqm.co.nz www.eqm.co.nz