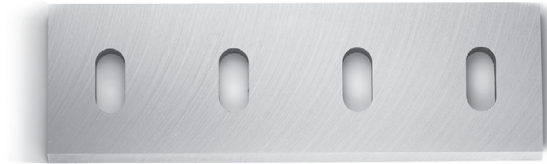


Granulator Knife Quote Sheet

The following information is required for ordering or quoting purposes.

Granulator Manufacturer: _____
 Granulator Model Number: _____
 Manufacturer's Part Number: _____



Bed Knife

NOTE:
 Rotors are match ground.
 Order in full quantity sets.

<input type="checkbox"/> Bed Knife Number of Knives Required: _____ Number of Mounting Holes: _____ Additional Holes: _____ Specify Quantity and Types of Holes: ___ Countersunk ___ Counterbore ___ Tapped: Thread Size: _____ Thread Length: _____ ___ Thru-Hole: Size: _____ Number of Slots: _____ Length: _____ Width: _____ Thickness: _____ Material: <input type="checkbox"/> Standard <input type="checkbox"/> D-2	<input type="checkbox"/> Rotor Knife Edge Type: ___ Keen Edge ___ Reverse Bevel ___ Hi-Shear ___ Radial ___ Hook Number of Knives Required Per Set: _____ Number of Mounting Holes: _____ Additional Holes: _____ Specify Quantity and Types of Holes: ___ Countersunk ___ Counterbore ___ Tapped: Thread Size: _____ Thread Length: _____ ___ Thru-Hole: Size: _____ Number of Slots: Length: _____ Width: _____ Thickness: _____ Material: <input type="checkbox"/> Standard <input type="checkbox"/> D-2
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Name: _____ Company : _____
 Mailing Address: _____ Shipping Address: _____

 Telephone: _____ Ext. _____ Fax: _____

FAX this completed form to
1-800-482-4059
 or use "Request A Quote" on-line at www.servicesforplastics.com

