

COMPLETE FORM & SEND WITH YOUR DRAWINGS/SAMPLES BY POST / FAX

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PARTS LISTED
& items CIRCLED / MARKED
below

Description. & Part No/s ?			Materials & Colours?			
Process ?	CNC Machining	Injection moulding	pad/foil printing	vacuum forming	ultrasonic welding	suggest a method
Tooling ?	New Tool	New Tool Insert	Existing Tool	Not Applicable		
	No. of Tool Cavities :			No. of Tool Cavities :		
Quantities ?	Per Annum :			Batches :		
Drawings	Faxed	Posted	E-mail	Samples Sent	Yes	No

If drawings / samples don't exist, use sketch area below

Notes :

From :

Name :

Pos'n. :

e-mail :

Tel :

Fax :

Date :