

DATE

NAME	POSITION
COMPANY	
ADDRESS	
EMAIL	
PHONE #	

MATERIAL: TYPE & THICKNESS:

SPECIAL CHARACTERISTICS:

UNWIND/SUPPLY ROLL

Core: ID _____ WIDTH _____

Material Footage: _____ x OD _____ x WT. _____

SLIT WIDTH:

+/- TOLERANCE:

DESCRIPTION OF SPLICE REQUIREMENT:

FINISHED ROLL: Complete either pancake roll or traverse spool

Pancake Wound Rolls:

Core ID _____ x linear footage _____ x max OD _____

Traverse Wound Spool:

Core ID _____ x core width _____ x linear footage _____
 x max. OD _____

VOLUME:

PACKAGING & LABEL REQUIREMENTS: