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NAIL DIE ORDERING REQUEST

Date: _____

COMPANY NAME: _____

Contact: _____

Address: _____

CITY: _____ STATE / PROVINCE: _____ COUNTRY: _____

Phone No: _____ FAX: _____

E-Mail: _____

MACHINE MANUFACTURER: _____

MACHINE TYPE: _____

TYPE OF DIE: _____ SHOE / SEGMENT TYPE: _____

THREAD FORM: _____

WIDTH OF DIE: _____ WIRE GAUGE: _____