



ENCLOSURE WINDOW DATA SHEET

CUSTOMER: _____ DATE: ___/___/___

CONTACT: _____ PHONE: _____

ADDRESS: _____ FAX: _____

MACHINE MAKE: _____ MODEL: _____

OEM/Customer Part Number: _____ SERIAL NUMBER: _____

PLACEMENT OF WINDOW:	<input type="checkbox"/>	Door	<input type="checkbox"/>	Front	<input type="checkbox"/>	Right Side	<input type="checkbox"/>	Left Side
			<input type="checkbox"/>	Rear				

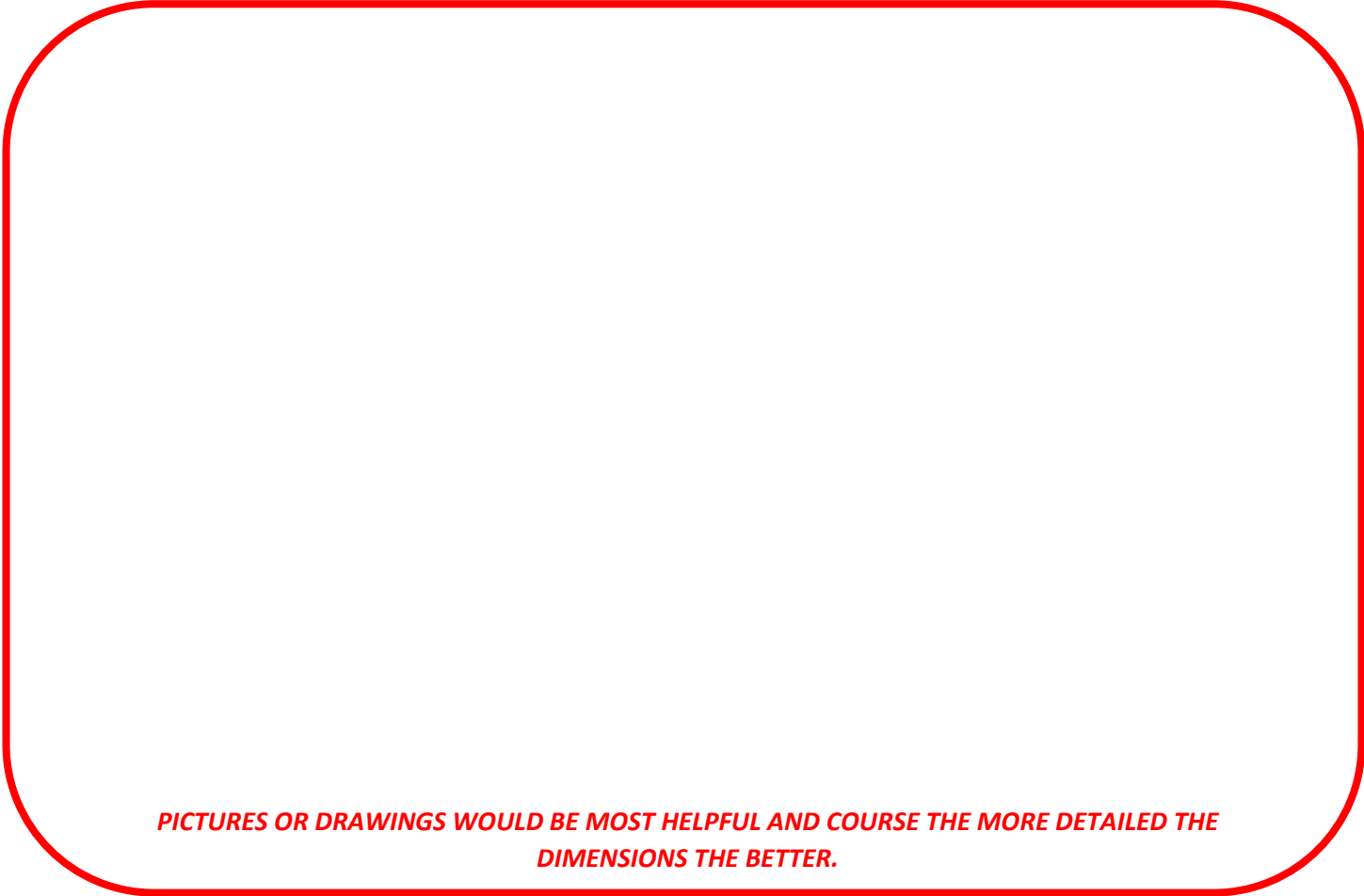
MATERIAL TYPE: _____ MATERIAL THICKNESS: _____

MOUNTING STYLE: _____

HEIGHT: _____ (MOUNTING) _____

LENGTH _____ (MOUNTING) _____ QUANTITIES NEEDED: _____

DRAWING



PICTURES OR DRAWINGS WOULD BE MOST HELPFUL AND COURSE THE MORE DETAILED THE DIMENSIONS THE BETTER.

Please fax to the closest locations

USA

Rockford, IL

Tel.: (815) 962-2899

Fax.: (815) 962-2897

Murrieta, CA

Tel/Fax.: (951) 894-1816

CANADA

St. Thomas, ON

Tel.: (519) 765-3899

Fax.: (519) 765-3898

MEXICO

Santa Catarina, NL

Tel.: (81) 83-6688

Fax.: (81) 8388-6677

BRASIL

Sao Jose dos Pinhais, PR

Tel/Fax.: (41) 3398-0800