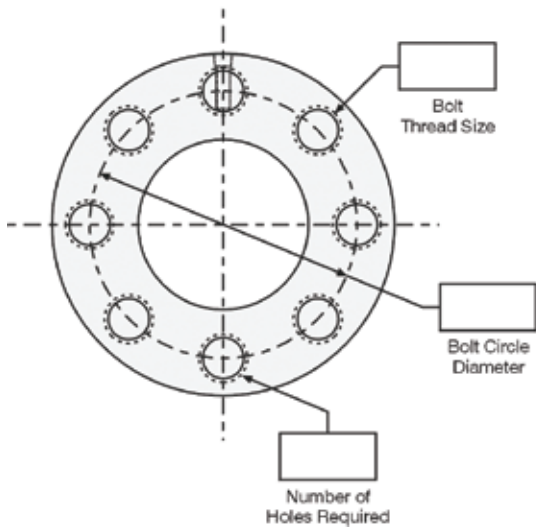
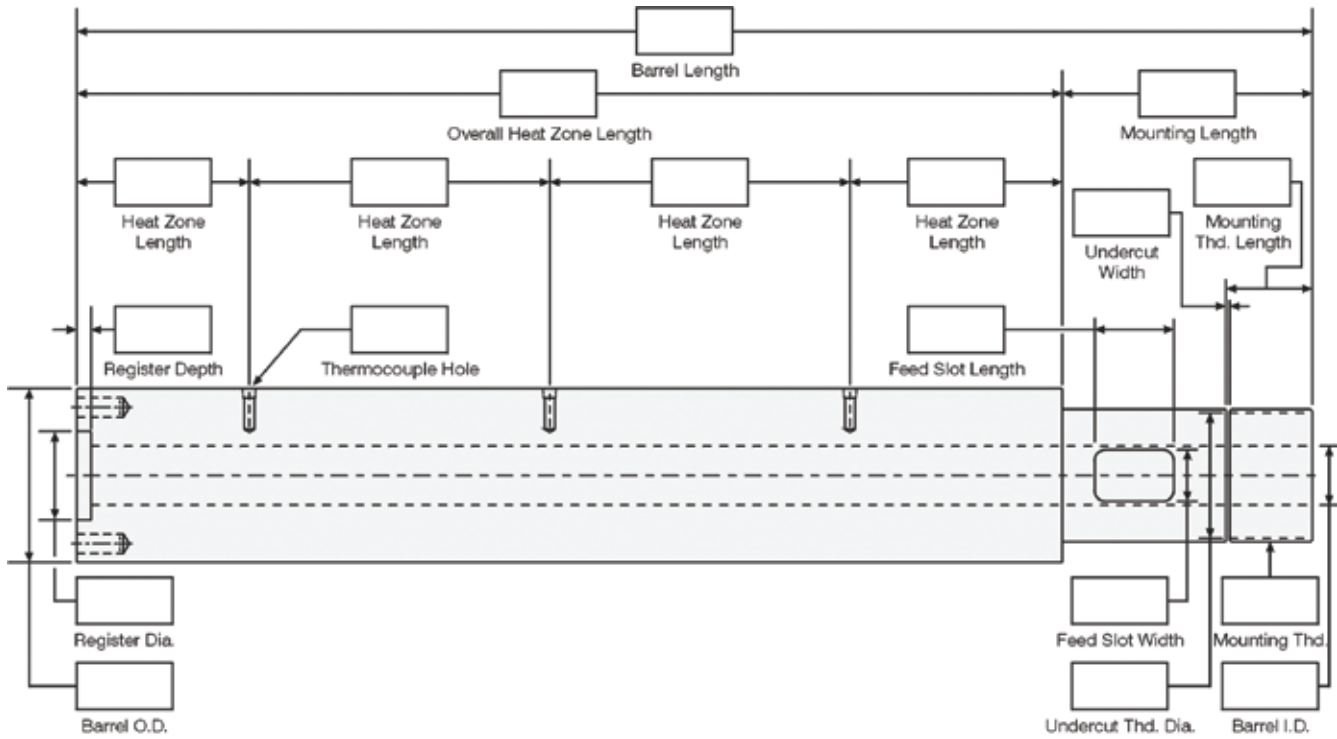


Non-Stock or Custom Barrel Form



Other Information Required:

Liner (Partial or Full): _____

Liner Material Type: _____

Machine Make: _____

Machine Model: _____

Size (Ton and Ounce): _____

Stroke Length: _____

Base Material: _____

Optional Barrel Straightening: YES NO

Optional Pressure Ports: YES NO

Optional Vents: YES NO

Optional Feed Slot: YES NO

Date: _____ Quantity: _____ Phone: (_____) _____ Fax: (_____) _____

Name: _____ Title: _____

Company Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____



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