



CLASSIFIER SHOES DATA FORM

Clear Form

DATE:

CUSTOMER:

SALES TEAM MEMBER:

LOCATION:

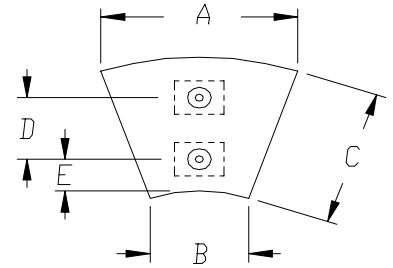
CONTACT:

PHONE:

MANUFACTURER OF SCREW:
DIAMETER OF SCREW:

inches

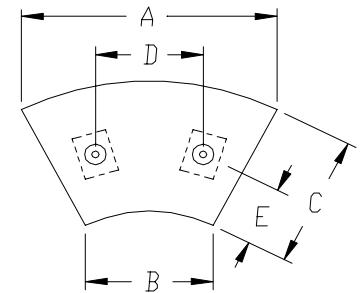
DIM A:
DIM B:
DIM C:
DIM D:



MANUFACTURER OF SCREW:
DIAMETER OF SCREW:

inches

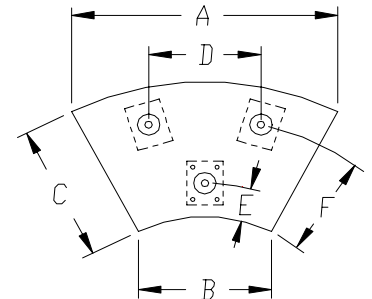
DIM A:
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DIM C:
DIM D:



MANUFACTURER OF SCREW:
DIAMETER OF SCREW:

inches

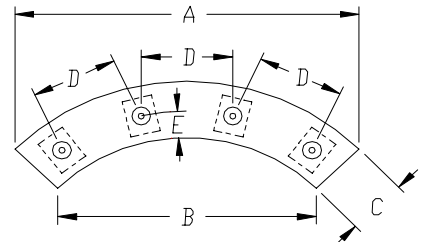
DIM A:
DIM B:
DIM C:
DIM D:



MANUFACTURER OF SCREW:
DIAMETER OF SCREW:

inches

DIM A:
DIM B:
DIM C:
DIM D:



ADDITIONAL COMMENTS:

