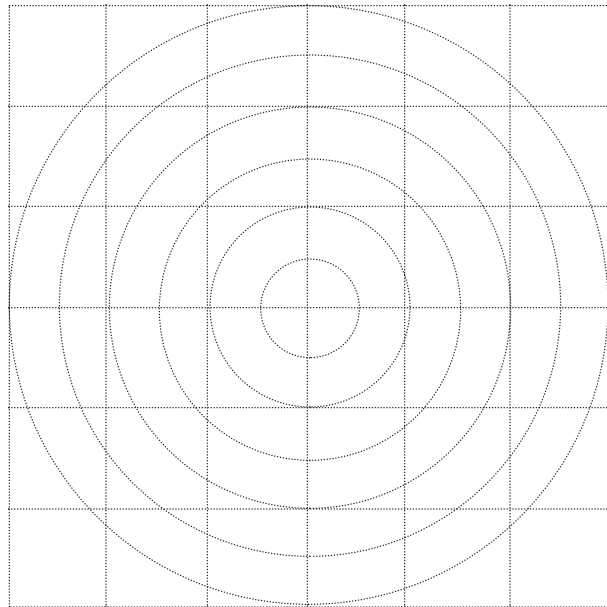




Industrial Thermo Polymers

Use this space to draw your profile



Application/Notes:

Date:

Your Company Information

Company: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

FOB: Our Plant Destination _____

Funds: _____

Profile Information:

Application

<input type="checkbox"/> Width	<input type="checkbox"/> ID	+/-	Critical? Y/N
<input type="checkbox"/> Depth	<input type="checkbox"/> OD	+/-	Critical? Y/N
	Wall	+/-	Critical? Y/N
	Length	+/-	Critical? Y/N
	Density	+/-	Critical? Y/N
	Color	+/-	Critical? Y/N

Release Quantity _____

Est. Yearly Quantity _____

Slit FR UV Modifier

T-Seal Skinned

Cell Structure Fine Medium Coarse

Pallet Std CHEP Floor Load

Pallet Max Height _____

Packaging Carton Other _____

Pieces / Carton _____

Stretch Wrap _____

Label on Part _____

Label on Carton _____

Certificate Required _____

Submitted by:



Industrial Thermo Polymers Limited

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