



Custom Roll Information Sheet

Company Name: _____ Contact: _____

Phone: _____ Fax: _____

Email _____

Is this a duplicate order of an existing Roll (Check Box): YES NO
(If YES please supply photos or sketch of existing roll. If you have previous order number please reference)

This roll will be for a (Check Box):	Handroller	Rolldown Machine
Weight of roll: _____ (Check Box):	Pound	Kgram gram
<i>(Tolerance of weight will be +/- 1%)</i>		
Width of roll: _____ (Check Box):	Inch	mm
<i>(Tolerance of weight will be +/- 1%)</i>		

Rubber Covered (Check Box):	YES	NO
Rubber Thickness: _____		
<i>(Rubber will be 1/4" thick and 80 Durometer gray silicone +/-5 unless specified.)</i>		
If not rubber covered, what surface finish is needed? _____		

Diameter of roll: _____
(Note: Do not specify diameter of roll unless it is necessary. It will increase the cost.)

Provide published standards that need to be met:

Signature: _____

ChemInstruments Internal Use Only:

Order # _____ Sales Rep: _____

Order Entered By _____



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