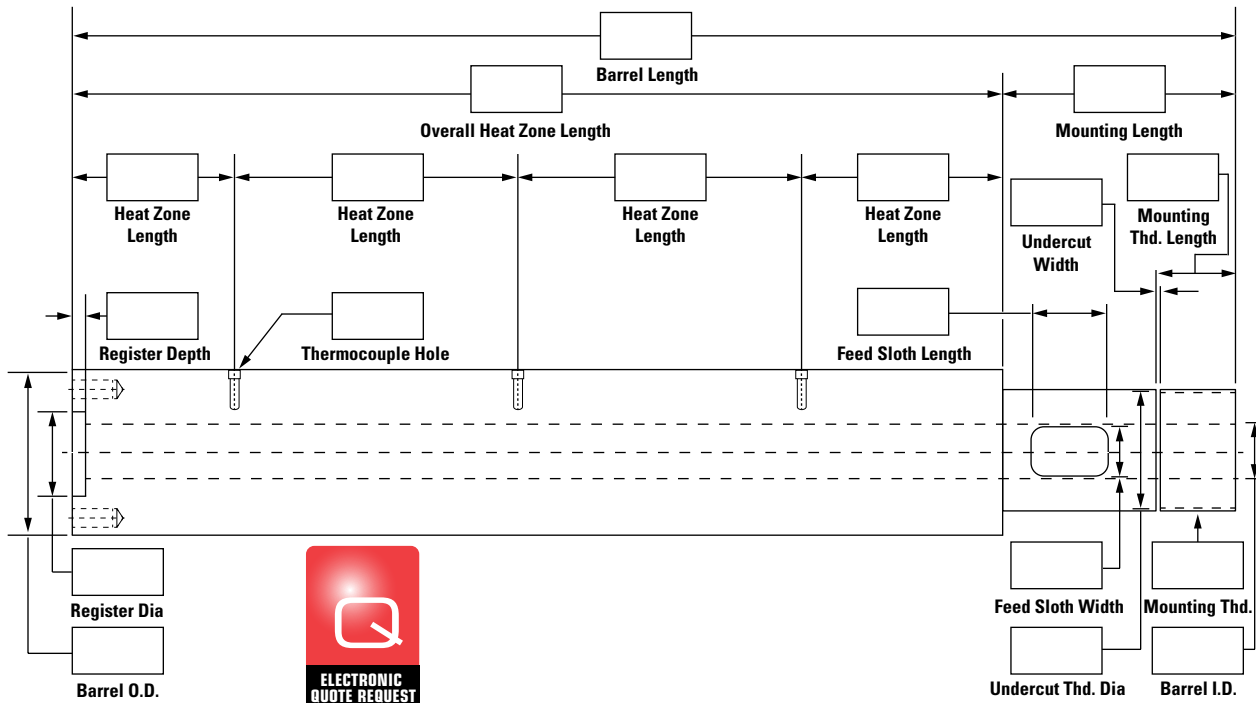
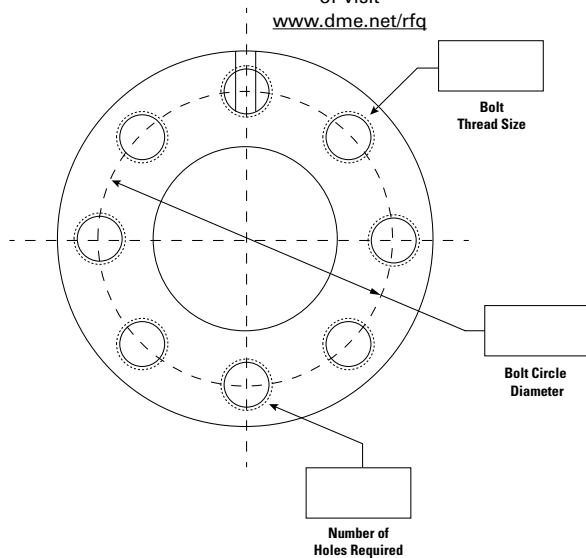


# Non-Stock or Custom Barrel Form

Please thoroughly complete this form and email to:  
dmeus-csspecials@dme.net to receive a quote.



or visit  
[www.dme.net/rfq](http://www.dme.net/rfq)



## 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: \_\_\_\_\_ Account Number: \_\_\_\_\_

Company: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_