



Phone: 800-253-6300
 Fax: 513-874-8376
 Email: sales@mulhernbelting.com

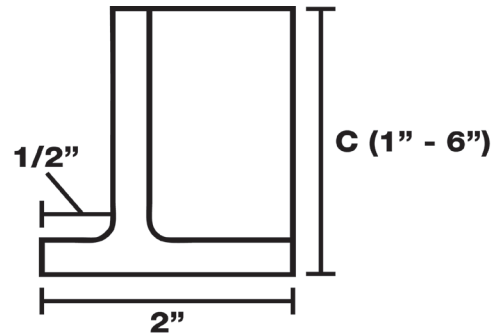
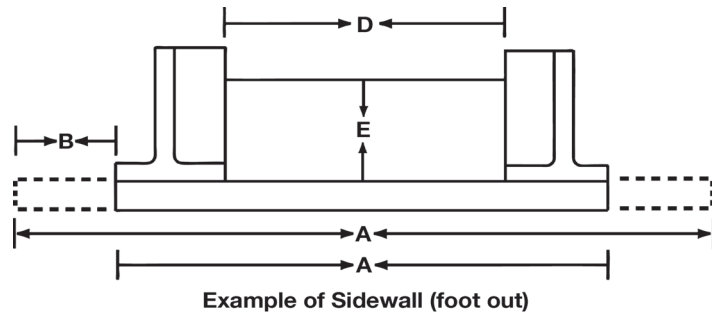
Rubber Sidewall Print

Name: _____
 Company: _____
 Phone #: _____
 Fax #: _____

Date: _____
 PO or Reference #: _____

Belt Type: _____
 Belt Length: _____
 Splice Style: _____

- A. _____ Belt Width
- B. _____ Indent
- C. _____ Sidewall Height
- C1. _____ Foot In
- C2. _____ Foot Out
- D. _____ Clear Width
- E. _____ Cleat Height
- F. _____ Cleat Spacing
- G. _____ Cleat Style
- H. _____ Minimum Pulley Dia.
- I. _____ Crate Needed (Y/N)
- J. _____ Sidewall Splice Kit Needed (Y/N)
- K. _____ Sidewall Bolted to Belt (Y/N)



Special Instructions: _____

G - Cleat Styles



Please note : No order will be processed until this form is signed and faxed or emailed back

Completed by: _____

Date: _____

Fax this form to **513-874-8376** or email a saved copy to your inside salesperson.