



Perforation Hole Punch Pattern

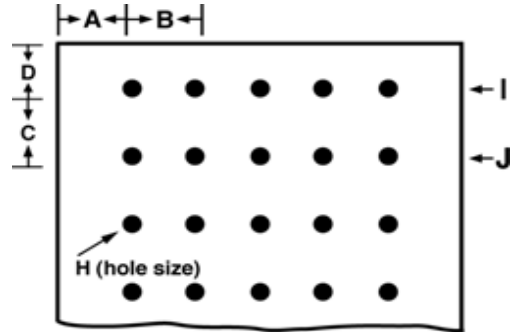
Name: _____
 Company: _____
 Phone #: _____

Date: _____
 PO or Reference #: _____

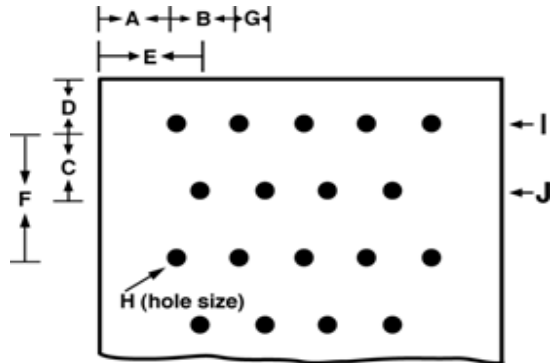
**Please Circle Style Needed
 or Indicate Choice Below:**

Pattern Style: _____
 Belt Type: _____
 Belt Length: _____
 Belt Width: _____
 Splice Style: _____

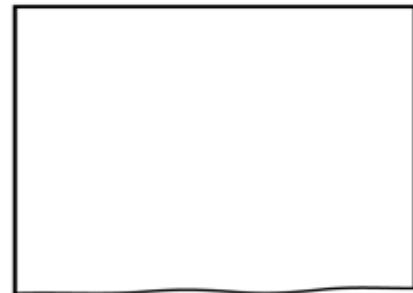
- A. _____ Belt Edge to Center of 1st Hole
- B. _____ Center Distance Btw. Holes
- C. _____ Center Distance Btw. Holes
- D. _____ Belt End to Center of Hole
- E. _____ Edge to Center of 1st Staggered Hole
- F. _____ Distance Btw Patterns
- G. _____ Center Distance Btw Stagger
- H. _____ Diameter of Hole
- I. _____ Number of Holes Across
- J. _____ Number of Holes Across



1 Straight Pattern



2 Staggered Pattern



3 Other

Special Instructions: _____

Please fax this form to **201-337-6540**

Please note : No order will be processed until this form is faxed back