

STRETCHER PAD ORDER FORM

Date: _____ P.O. Number: _____

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Stretcher Pad

Cover Only

Thickness:

1" 2" 3" 4" 5"

Sections:

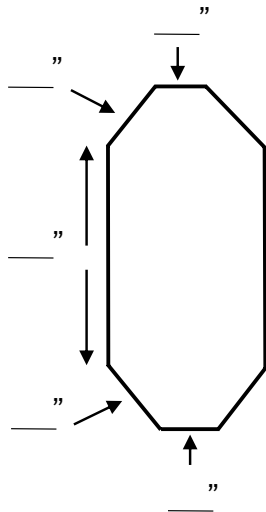
1 2 3

Style:

Corners, Head: Cut-off Square Round

Corners, Foot: Cut-off Square Round

Cut-off Dims:



Core Options:

Protekt Ultra

Protekt Basic

