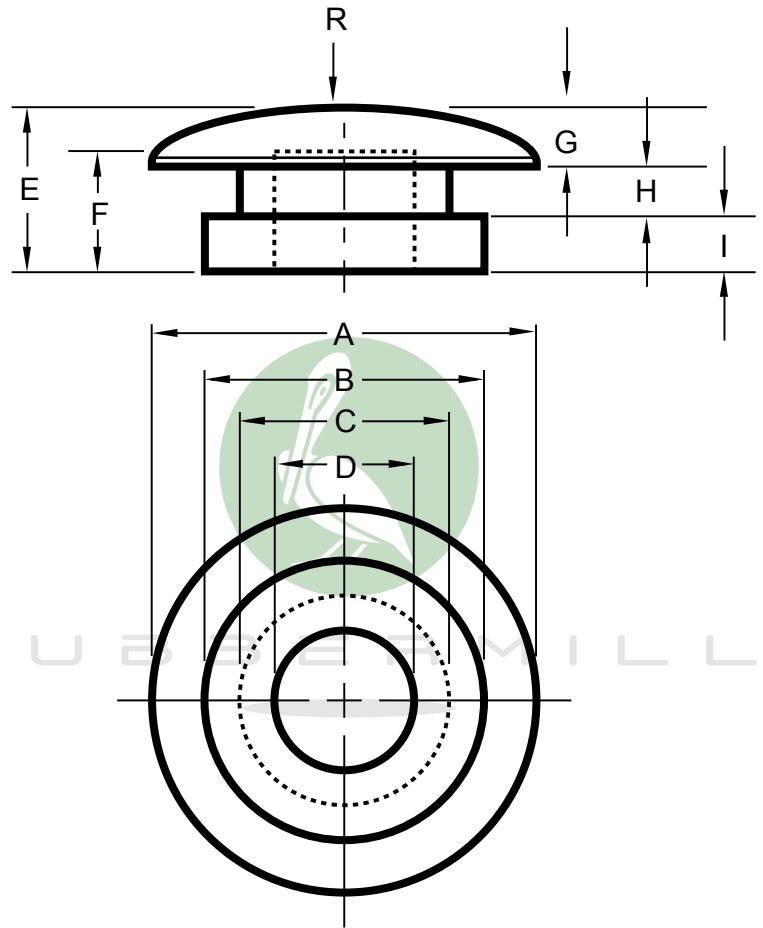


8. Blind Grommet



A _____
 B _____
 C _____
 D _____
 E _____
 F _____
 G _____
 H _____
 R _____

Name: _____ Title: _____
 Company: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Customer Part Number/Description: _____
 Material: _____ Hardness: _____
 Order Quantity: _____ Estimated Annual Usage: _____
 Additional Information: _____

