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TO ENABLE US TO MAKE YOUR FOLDER QUICKLY AND CORRECTLY, PLEASE PHOTOCOPY THIS ORDER FORM AND AFTER COMPLETING IT, FAX OR SEND IT TO US AT THE ABOVE ADDRESS.

Your Company Name: _____

Address: _____

Post Code: _____

Telephone Number: _____ Fax Number: _____

Make of Machine you wish to use _____

Class of machine (not serial number) _____

Type of Attachment required ie. RG Number (if known) _____

Size/width of fabric/binding before entry ie. start size _____

Sewn size/width of fabric/binding on exit ie. finish size _____

State Thickness of Fabric to pass through Folder (if no samples provided) _____

Any seams in fabric/binding to pass through folder guide? Yes No If yes _____

Any seams in fabric/binding to bind over to pass through mouth of folder? Yes No If yes, Mouth size required: _____

Extra Light	XL	1	mm	
Light	L	1.5	mm	
Medium	M	2	mm	
Medium Heavy	MH	2.5	mm	
Heavy	H	3.5	mm	
Extra Heavy	XH	4.5	mm	

Any other specific instructions or special comments you would like to make, or any diagrams, please insert in space or continue overleaf.
IF AVAILABLE SEND AS MANY SAMPLES OF TAPE, BINDING, MATERIAL ETC. AS POSSIBLE. THESE CAN BE RETURNED IF REQUIRED

Signature..... Date..... Order No