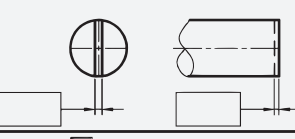
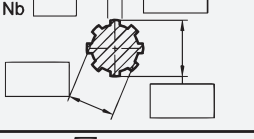
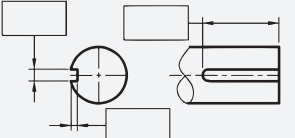
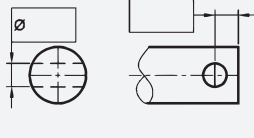
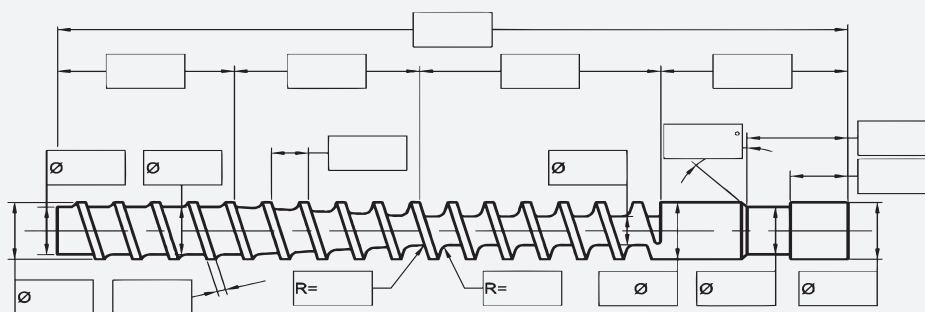


SPECIAL OR NON-STOCK INJECTION SCREW



Treating Type	
Form A <input type="checkbox"/>	Form C <input type="checkbox"/>
	
Form B <input type="checkbox"/>	Form D <input type="checkbox"/>
	



REQUIRED INFORMATION

Machine

Model

Power

Required Quality

Part Number

Additional Information

Quantity: _____

E-mail: _____

Name: _____

Fax: _____

Company: _____

Address: _____

Telephone: _____
