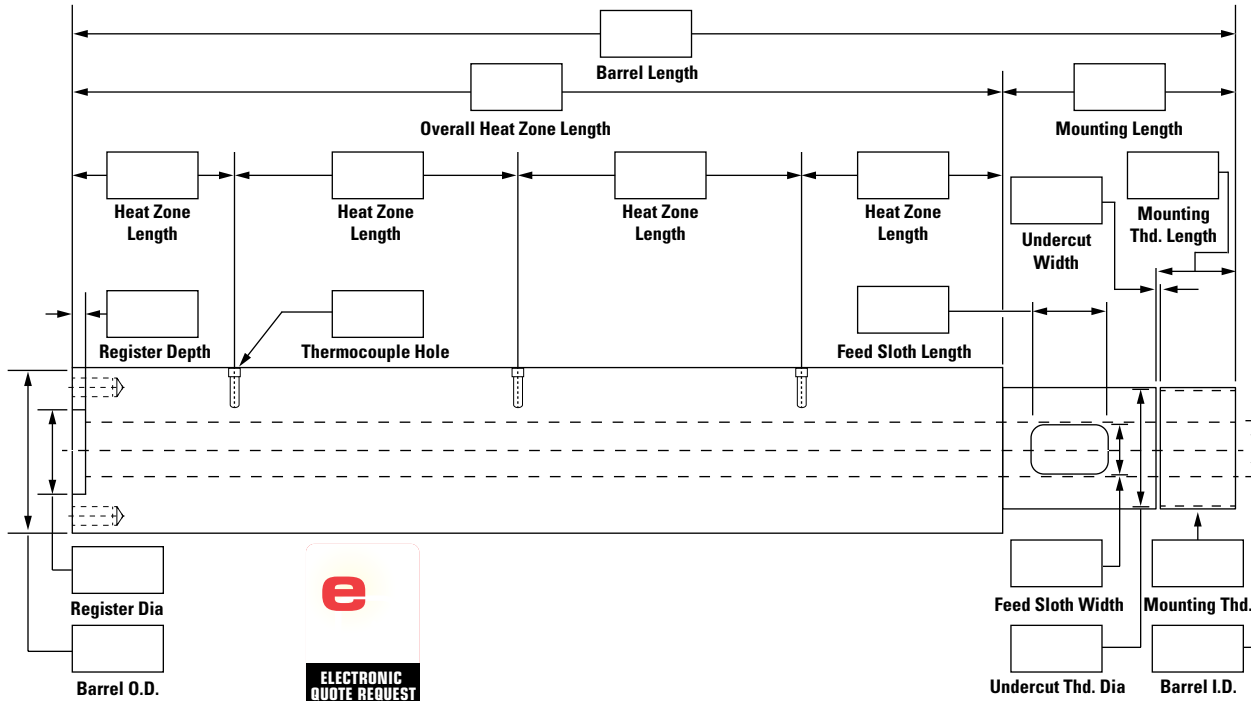


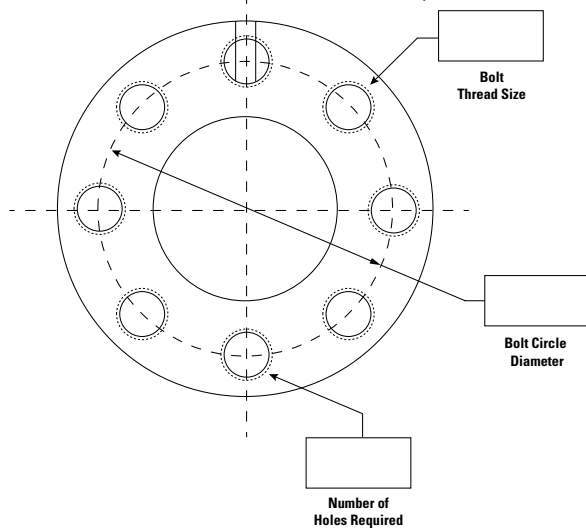
Non-Stock or Custom Barrel Form

Please thoroughly complete this form and fax (888-808-4363) or email (DME@dme.net) to receive a quote.

[Online Form](#)



or visit
www.dme.net/rfq



Other Information Required:

Liner (Partial or Full): _____

Liner Material Type: _____

Machine Make: _____

Machine Model: _____

Size (Ton and Ounce): _____

Stroke Length: _____

Base Material: _____

Optional Barrel Straightening: YES NO

Optional Pressure Ports: YES NO

Optional Vents: YES NO

Optional Feed Slot: YES NO

Date: _____ Quantity: _____ Phone: (____) _____ Fax: (____) _____

Name: _____ Account Number: _____

Company: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____