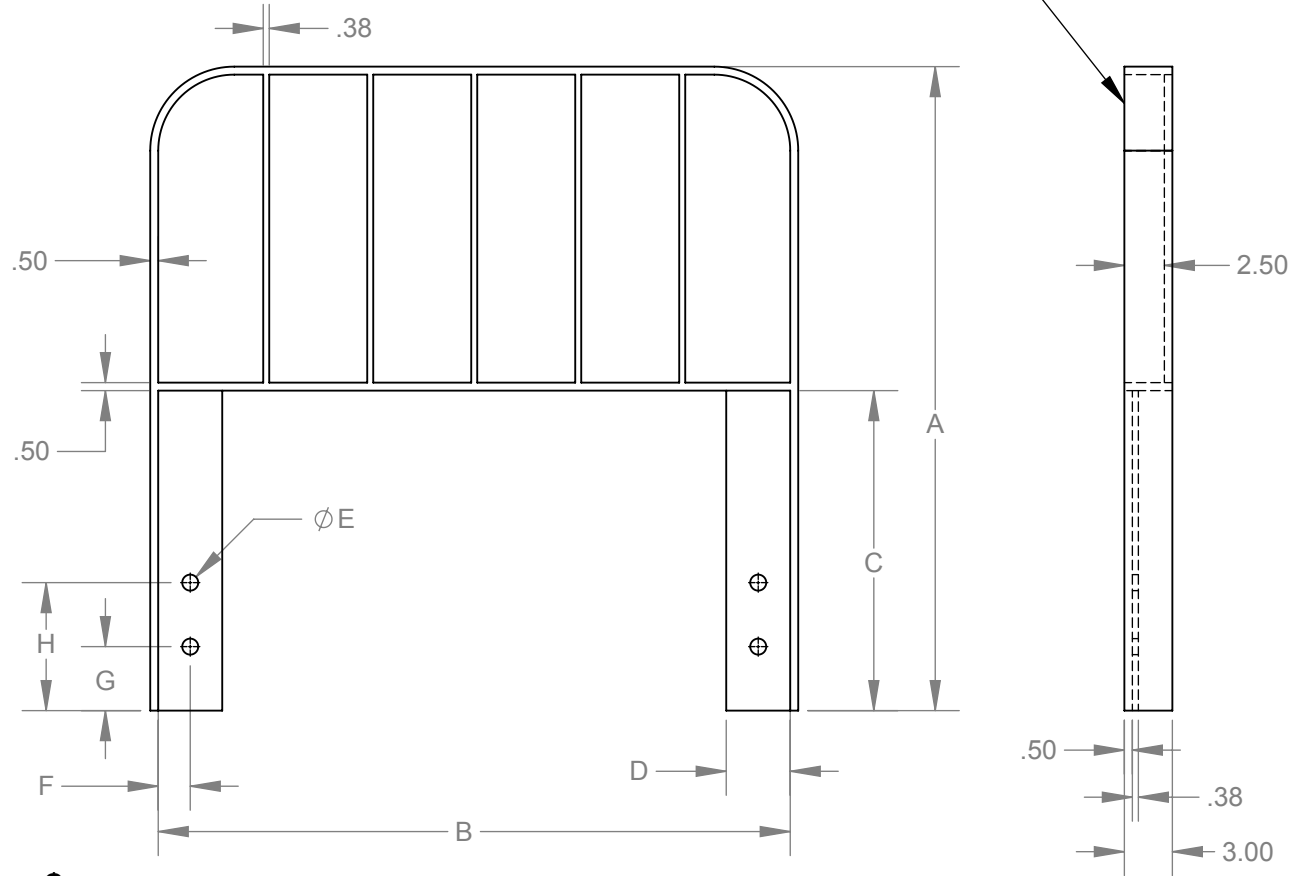


Machine Model #: \_\_\_\_\_  
 Machine Capacity: \_\_\_\_\_

Fax: 913-227-0523  
 SPECIAL ORDER NON RETURNABLE

**PROPRIETARY AND CONFIDENTIAL**  
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Date: \_\_\_\_\_  
 Sales Rep: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_



A	
B	
C	
D	
E	
F	
G	
H	



Price \$: \_\_\_\_\_

Estimated Lead Time: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TITLE:  
**Load Backrest, Front Mount**

	NAME	DATE
DRAWN	VS	8 Sep 15
CHECKED		
ENG APPR.		
MFG APPR.		
Q.A.		

SIZE DWG. NO. REV  
**A Form-OF-005HB** 1  
 22 Sep 15

Rev	By	Date	Description
1	VS	22 Sep 15	Revised vertical flat bar and front mount plate

SCALE: 1:12 SHEET 1 OF 1