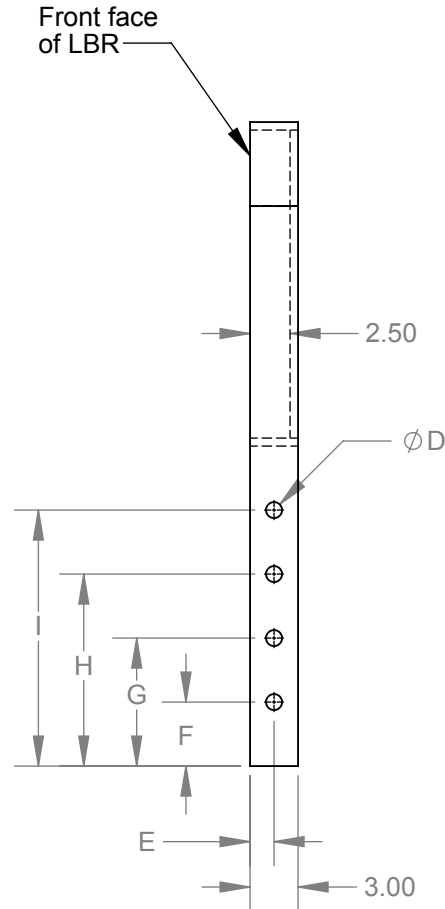
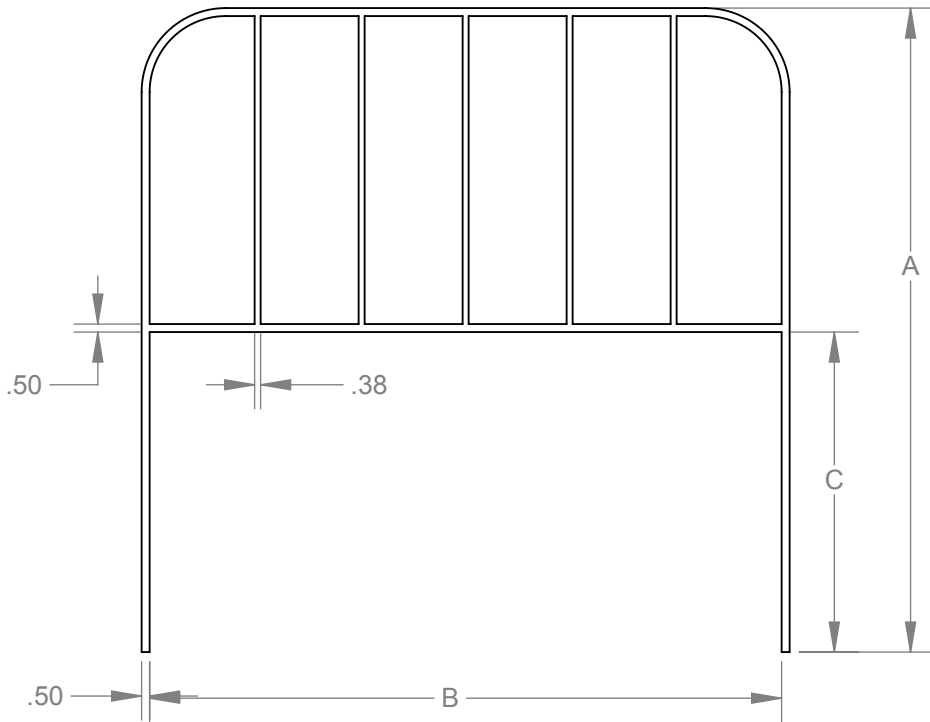


Machine Model #: _____
 Machine Capacity: _____

Fax: 913-227-0523
 SPECIAL ORDER NON RETURNABLE

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Date: _____
 Sales Rep: _____
 Company Name: _____
 Customer Name: _____
 Phone: _____



A	
B	
C	
D	
E	
F	
G	
H	
I	



Price \$: _____

Estimated Lead Time: _____

Customer Signature: _____ Date: _____

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

TITLE:
Load Backrest, Side Mount

SIZE DWG. NO. REV
A Form-OF-005HA 1
 21 Sep 15

SCALE: 1:12 SHEET 1 OF 1

Rev	By	Date	Description
1	VS	21 Sep 15	Revised vertical flat bars to be flushed with the front face of LBR