



İ € Ó } Á|çâ
 DeForest, Wisconsin, 53532, USA
 Ph: 608-846-1025 Fax: 608-846-1024
 Email: info@aglinc.com

Roll Recovery Request Form

CUSTOMER INFORMATION

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

MACHINE INFORMATION

All recovery requests must include the Serial Number of the machine you are requesting the roll recovery for.

Machine Serial Number: _____

Laminator Model Number:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 64 Series | <input type="checkbox"/> Encore Series |
| <input type="checkbox"/> Patriot | <input type="checkbox"/> 6400 |
| <input type="checkbox"/> Compadre | <input type="checkbox"/> 8000 Series |
| <input type="checkbox"/> 4400 Series | <input type="checkbox"/> Industrial |

TYPE OF ROLL TO RECOVER

- | | |
|--|--|
| <input type="checkbox"/> Cold Upper Nip Roll | <input type="checkbox"/> Heated Upper Nip Roll |
| <input type="checkbox"/> Cold Lower Nip Roll | <input type="checkbox"/> Heated Lower Nip Roll |
| <input type="checkbox"/> Upper Pull Roll | <input type="checkbox"/> Lower Pull Roll |

Durometer Requested (Optional): _____

COMMENTS:
