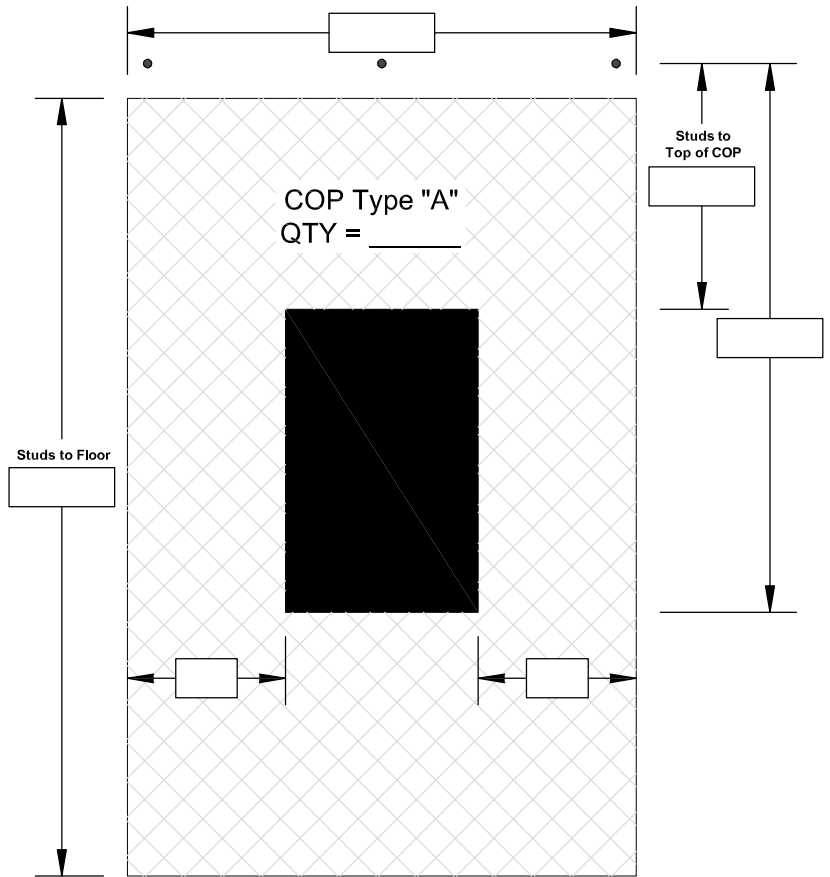
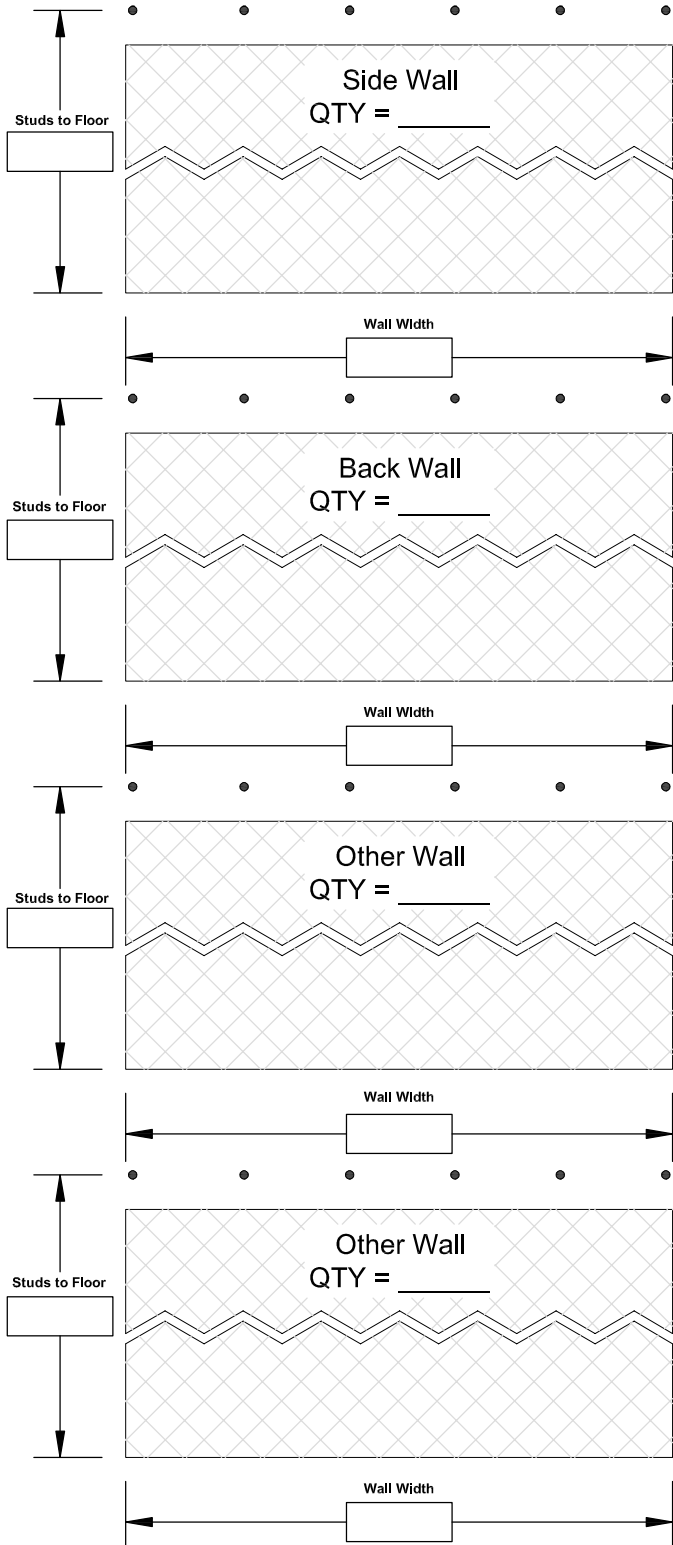


PROTEX ELEVATOR PADS

EMAIL FORM

Company Name _____
Contact Name _____
Email _____
PO Number _____
Billing Address _____

Phone _____
Fax _____
Total # Panels _____
Total # Hooks _____
Job# / Name _____



Notes: _____

