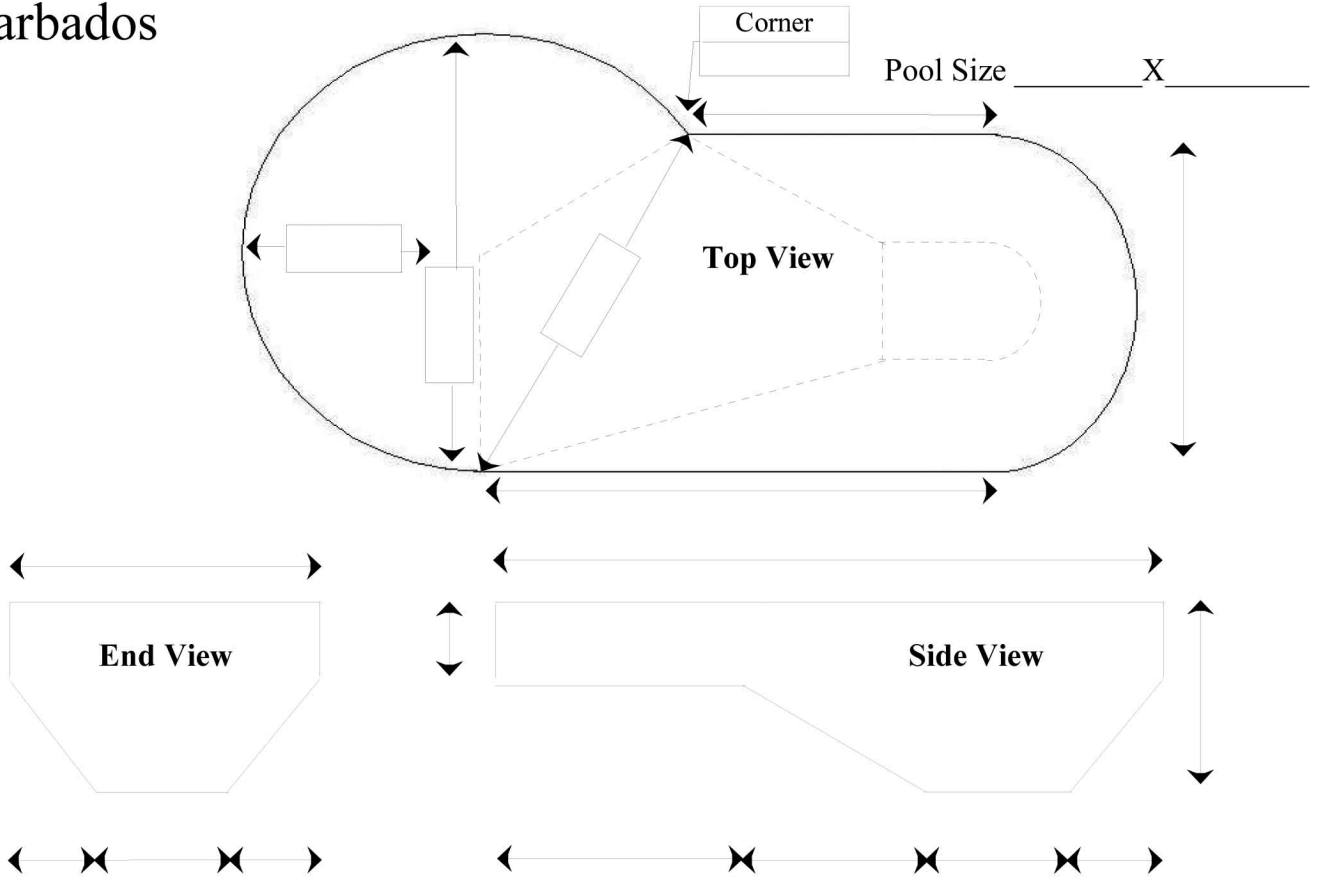


**PARTSWERX INC**  
**68 PRINCE CHARLES ROAD**  
**BRANTFORD, ONTARIO**  
**TEL:519-751-4100 FAX: 519-751-4105**

**SPECIAL LINER ORDER FORM**

Dealer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 City: \_\_\_\_\_ P.C. \_\_\_\_\_ Your Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ P.O.: \_\_\_\_\_ Tag: \_\_\_\_\_

**Barbados**



**Beading:** Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**Mil:** 30 Mil: \_\_\_\_\_  
**Pattern:** Wall: \_\_\_\_\_ Floor: \_\_\_\_\_  
 Bowled Hopper: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Perimeter: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Office Use Only
Serial #: _____
Advised: _____
Ship By: _____
Price: _____
Net: _____
PST: _____ GST: _____