



REELING SPECIFICATION REQUEST

Date: _____

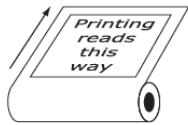
To: _____

Your Order No / Reference: _____

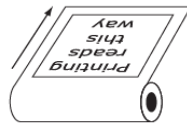
Please complete or select from the following to confirm your reeling specification for the above order:

1 Hand or machine applied: _____
(If hand applied you only need to complete the remaining points if you have a specific requirement)

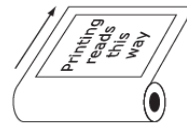
2 Lead direction: _____ Please select from the following;



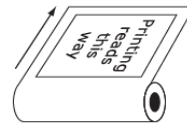
1. Head leading wound outside.



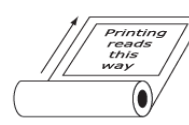
2. Foot leading wound outside.



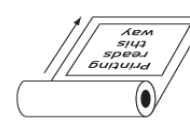
3. Right hand edge leading wound outside.



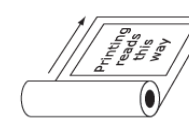
4. Left hand edge leading wound outside.



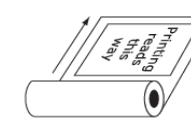
5. Head leading wound inside.



6. Foot leading wound inside.



7. Right hand edge leading wound inside.



8. Left hand edge leading wound inside.

3 Core size: _____ mmI.D

4 Minimum Outer Diameter: _____ mmO.D*

5 Maximum Outer Diameter: _____ mmO.D

6 Reel quantity: _____ *

Please detail any additional information here:

* Only specify if applicable