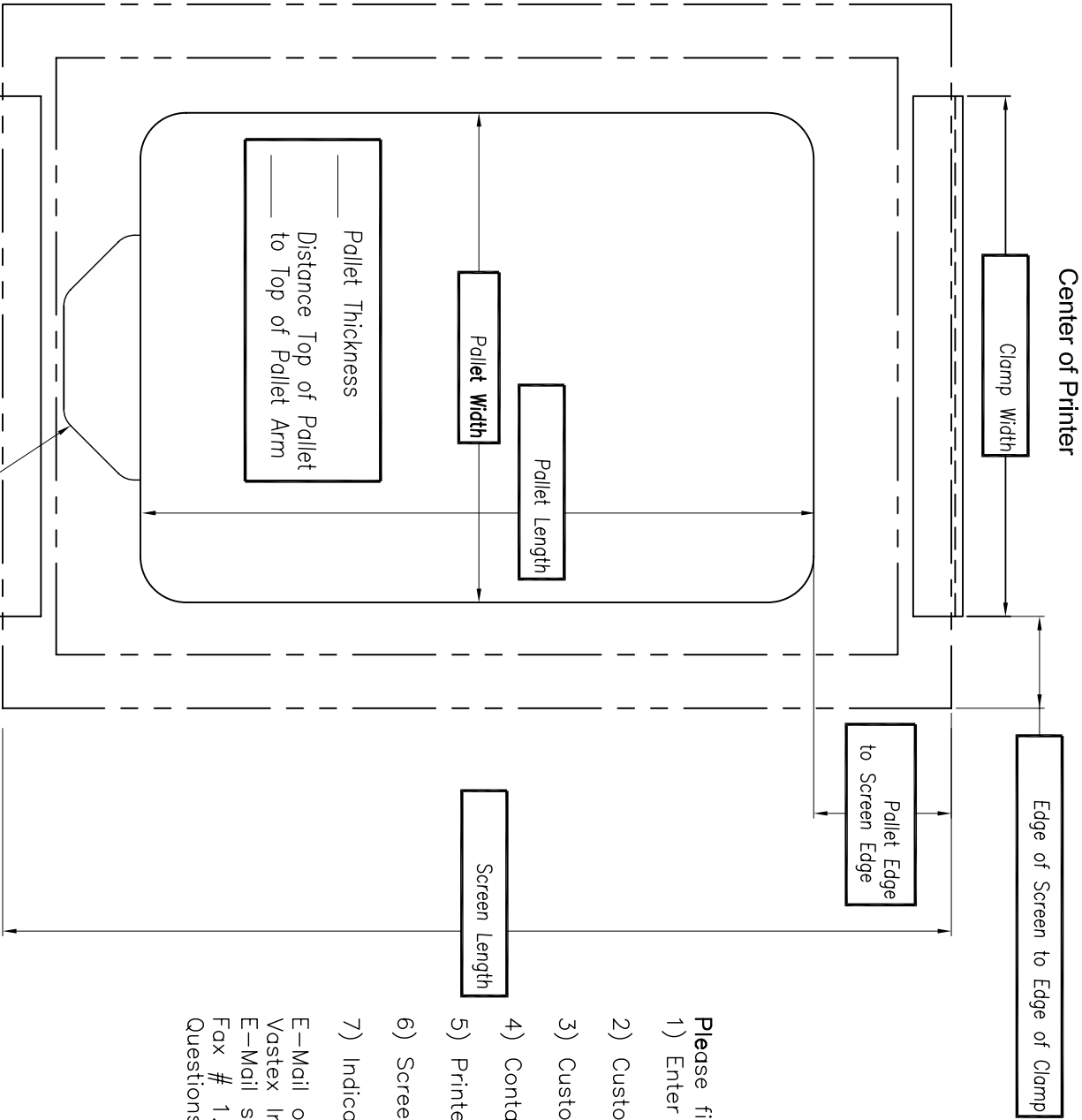


REVISIONS				
REV	DESCRIPTION	DATE	BY	APP'D



Please fill in the following information:

- 1) Enter dimensions in bold boxes.
 - 2) Customer name_____
 - 3) Customer Ph. #_____
 - 4) Contact person _____
 - 5) Printer Mfg./Model _____
 - 6) Screen type _____
 - 7) Indicate shape & size of neck guide.
- E-Mail or Fax back completed form:
Vastex International Inc.
E-Mail sales@vastex.com
Fax # 1.610.434.6607 Attn. Eng. Dept.
Questions call 1.610.434.6004 Attn. Eng. Dept.

SCREENING MACHINERY VASTEX.COM				TOLERANCES UNLESS OTHERWISE SPECIFIED				VASTEX INTERNATIONAL			
BY	DATE	DECIMAL	.XXX	.XX	X	TITLE: PALLET JIG SPECS AUTOMATICS W/FRONT & BACK CLAMPS			SIZE	DRAWING NO.	REV#
DRAWN	CD	08/05/06	±.010	±.015	±.032				C	VRS-PLJA-SPECS-1	-
CHECKED			ANGLE	±1°		SCALE: NONE					
APPROVED						125				SHEET 1	OF 1