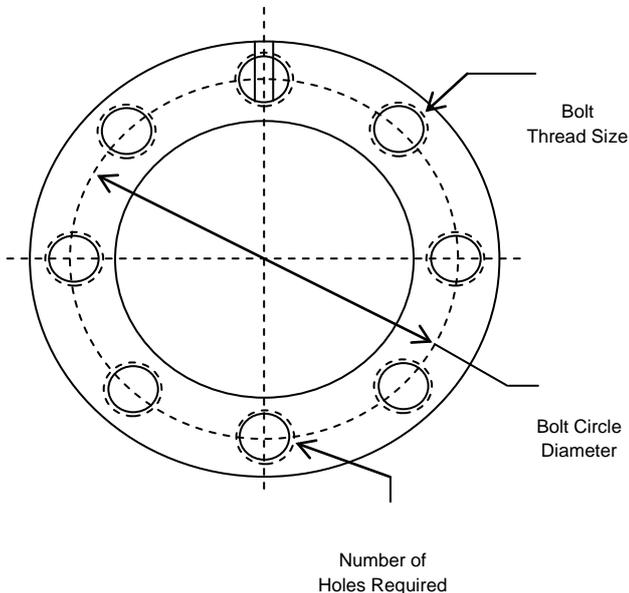
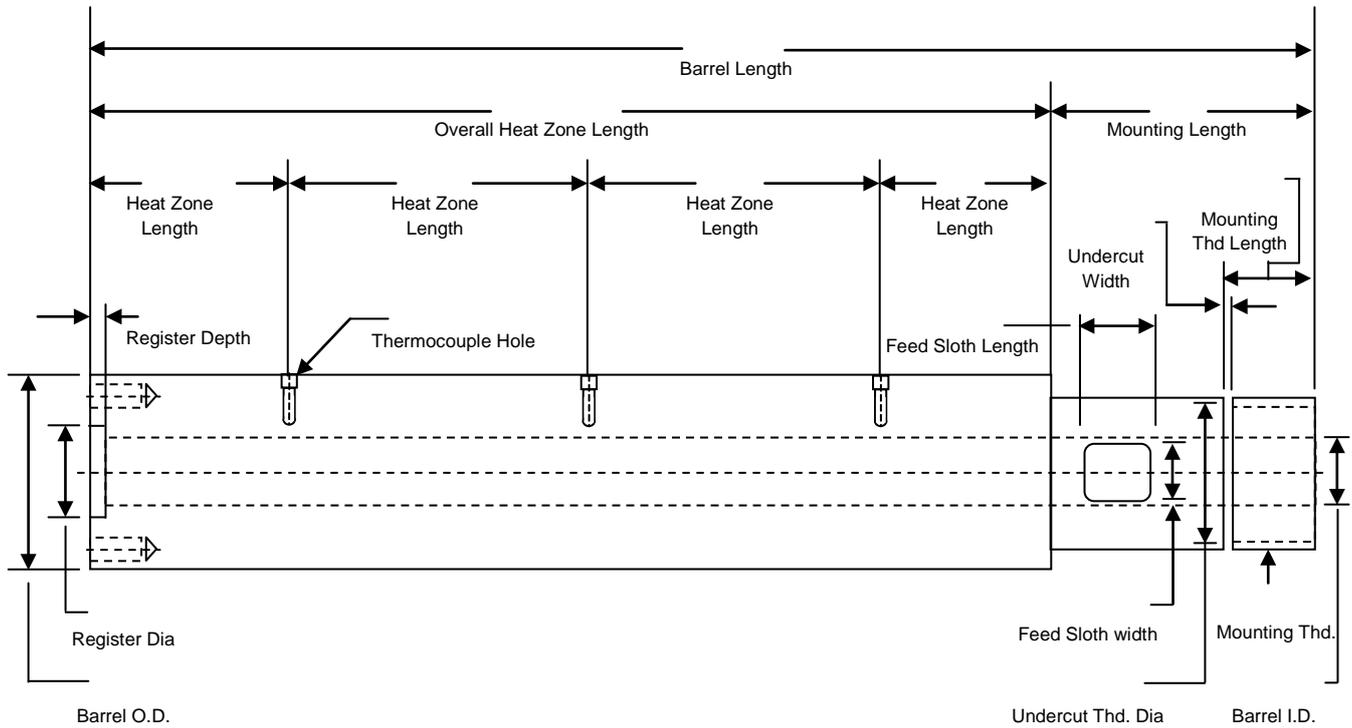




# Non-Stock or Custom Barrel Form

Please email completed form to [dme@dme.net](mailto:dme@dme.net)



### Other Information Required:

Liner (Partial or Full): \_\_\_\_\_

Liner Material Type: \_\_\_\_\_

Machine Make: \_\_\_\_\_

Machine Model: \_\_\_\_\_

Size (Ton and Ounce): \_\_\_\_\_

Stroke Length: \_\_\_\_\_

Base Material: \_\_\_\_\_

Optional Barrel Straightening: Yes  No

Optional Pressure Ports: Yes  No

Optional Vents: Yes  No

Optional Feed Slot: Yes  No

Date: \_\_\_\_\_ Quantity: \_\_\_\_\_

Company: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_