

DATE: _____

À: _____

FAX: _____

CIE: _____

NOTRE # PRODUCTION: _____

CONTACT: _____



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**S.V.P VEUILLEZ COCHER L'EMBOBINAGE REQUIS
 PLEASE CHECK REWIND DIRECTION REQUIRED**

EMBOBINAGE **EXTÉRIEUR / EXTERIOR** REWIND



Figure 1

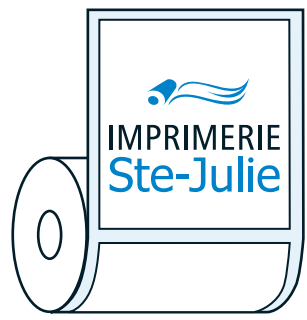


Figure 2



Figure 3



Figure 4

EMBOBINAGE **INTÉRIEUR / INTERIOR** REWIND



Figure 1



Figure 2

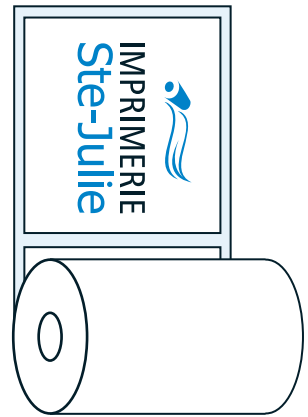


Figure 3



Figure 4