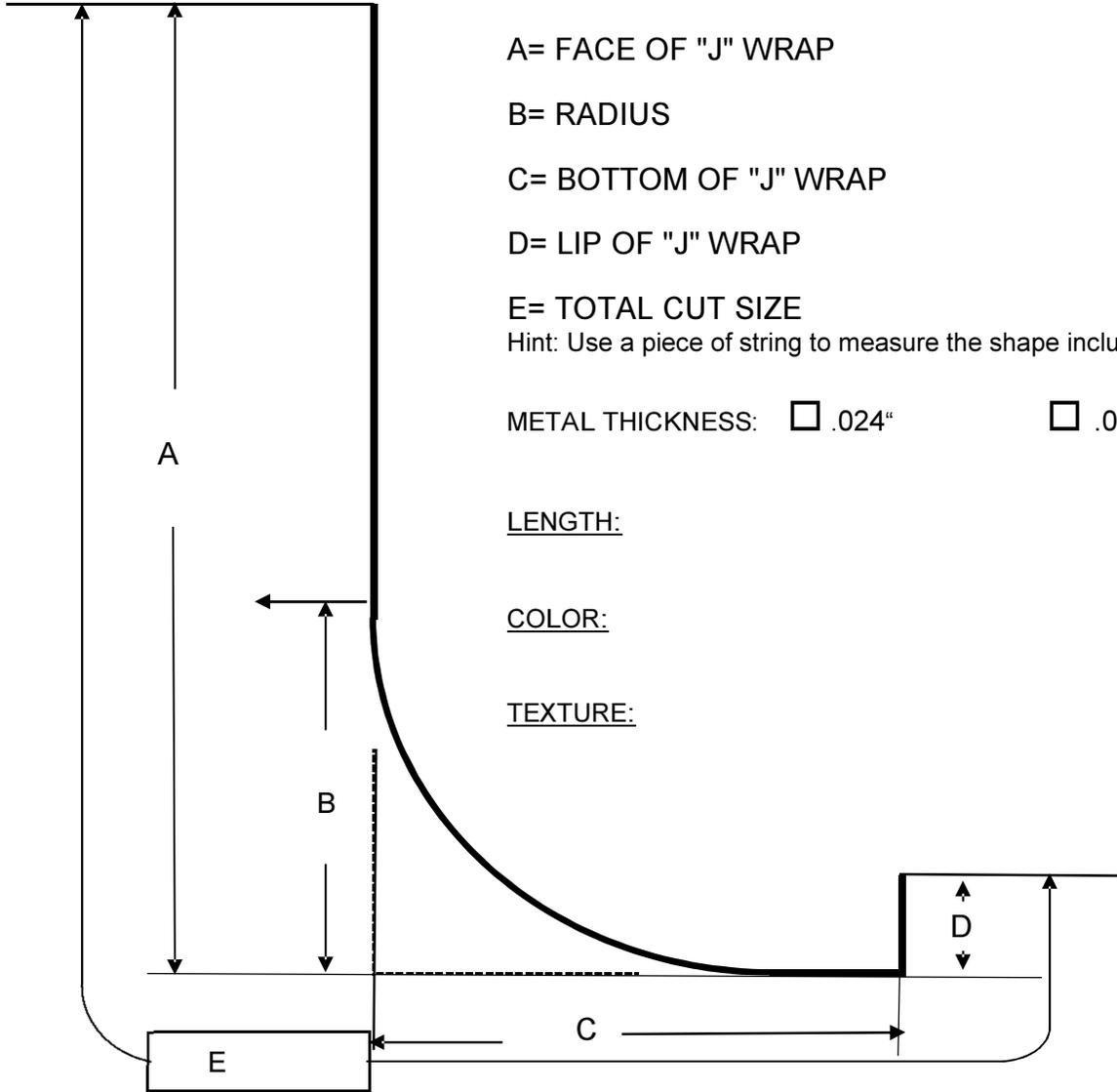


"J" WRAP ORDER FORM



TOTAL CUT SIZE ***SHOULD BE LESS THAN A+C+D***

Order Date: _____ PO#: _____

Customer #: _____ Ordered By: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____