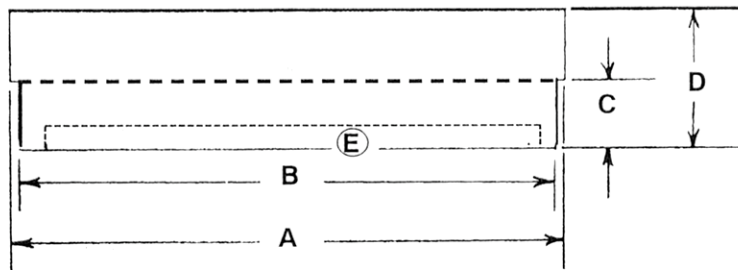
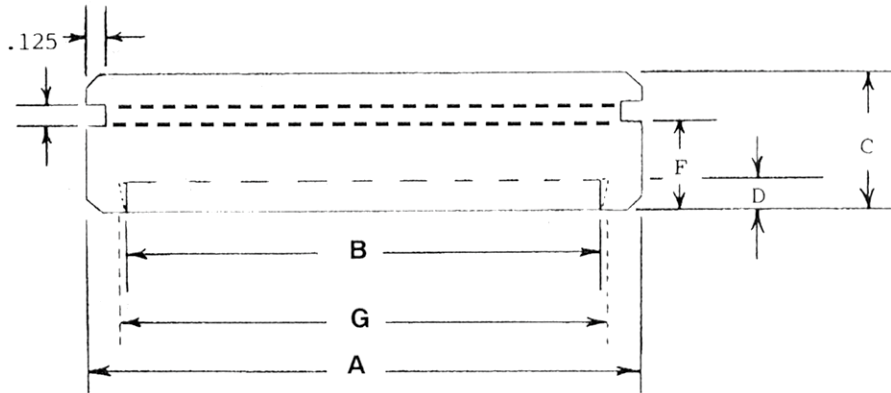


BREAKER PLATE ORDER FORM

COMPANY _____ P.O. # _____
 STREET _____ CONTACT NAME _____
 CITY _____ PHONE NUMBER _____
 STATE _____ ZIP _____ FAX NUMBER _____

DIAGRAM FOR REPLACEMENT TOOLING.



Ⓔ Available Upon Request

A. _____ C. _____ E. _____ G. _____

B. _____ D. _____ F. _____

EXTRUDER SIZE _____

TYPE OF PLATE _____

TOOL PRY YES _____ NO _____

OF PLATES ORDERED _____

SCREEN PACT RECESS YES _____ NO _____

YOUR TOTAL COST _____

MAIL TO:

FAX TO:

BPM INC.
 P.O. BOX 1408
 EAU CLAIRE, WI 54702-1408

(715) 839-8882

SPECIAL REQUESTS CALL:

(715) 839-8860