

BOX SPECIFICATION FORM

CUSTOMER _____ DATE _____
 _____ P.O. _____
 _____ PH: _____
 QUOTE/SALES ORDER # _____

BOX SIZE LENGTH _____ X WIDTH _____ X HEIGHT _____ QTY* _____

GLUED TAPED N/A BOX MATERIAL _____

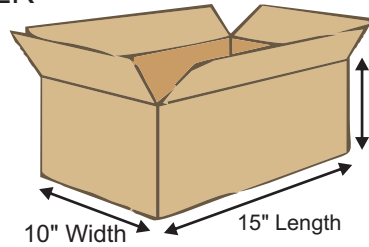
*Unless specified we reserve the right to adjust quantities +/- 10% at time of manufacture

BOX TYPE REQUIRED

How To Measure A Box



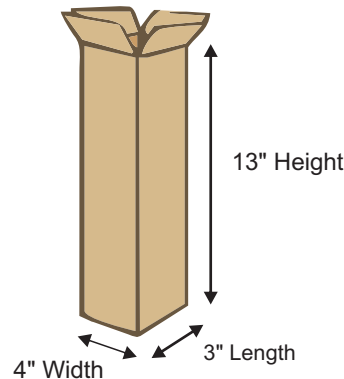
REGULAR SLOTTED CONTAINER
 Box Style (A) (B) (C)



$\frac{15" \times 10" \times 9"}{\text{Length} \times \text{Width} \times \text{Height}}$
 (A) Standard Box



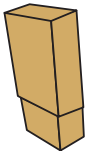
FULL OVERLAP BOX
 Box Style (A) (B) (C)



$\frac{3" \times 4" \times 13"}{\text{Length} \times \text{Width} \times \text{Height}}$
 (B) Tall Box



HALF SLOTTED CONTAINER
 Box Style (A) (B) (C)

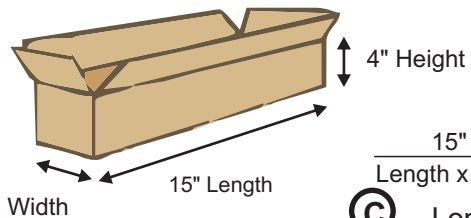


TELESCOPE BOX
 Box Style (A) (B) (C)



FIVE PANEL FOLDER
 Box Style (A) (B) (C)

OTHER



$\frac{15" \times 3" \times 4"}{\text{Length} \times \text{Width} \times \text{Height}}$
 (C) Long Box

DATE _____ OK AS IS NOTE CHANGES _____

SIGNATURE _____ PRINT NAME _____