

S-Wall™ Sidewall Belt Enquiry Form

Replacement Belt

If you would like to submit an enquiry for a replacement belt, please complete the following form:

Personal Details

Company: _____

Name: _____

Telephone: _____

Fax: _____

Email: _____

Belt Details

B_w (mm): _____

c_w (mm): _____

H (mm): _____

Cleat Pitch (mm): _____

Cleat type: _____

c_n (mm): _____

s_w (mm): _____

F_s (mm): _____

Belt Length (m): _____

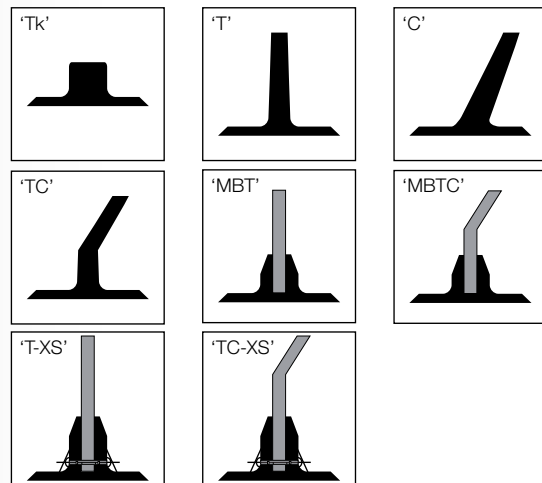
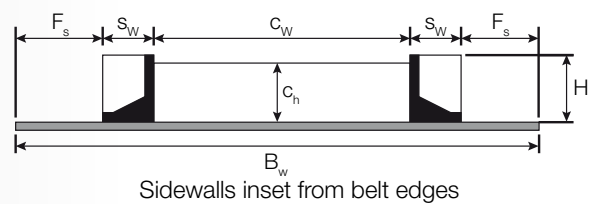
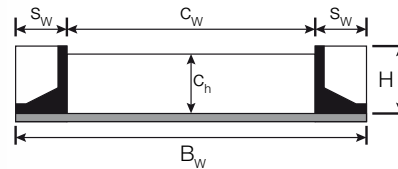
Base Belt: _____

Quality: _____

Length (open/endsless): _____

Open\Endless: _____

Rubber Qualities: _____



Additional Notes: