



CIRCUIT CARD REMOVAL BY POSITIVE EXTRACTION

NAME: _____ TITLE: _____ DATE: _____

COMPANY: _____ PHONE: _____ EXT.: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

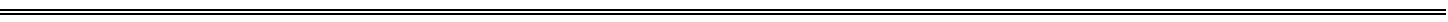
QUANTITY OF EXTRACTORS REQUIRED: _____ DATE REQUIRED: _____

TYPE OF CONNECTOR USED: _____ EXTRACTION FORCE: _____

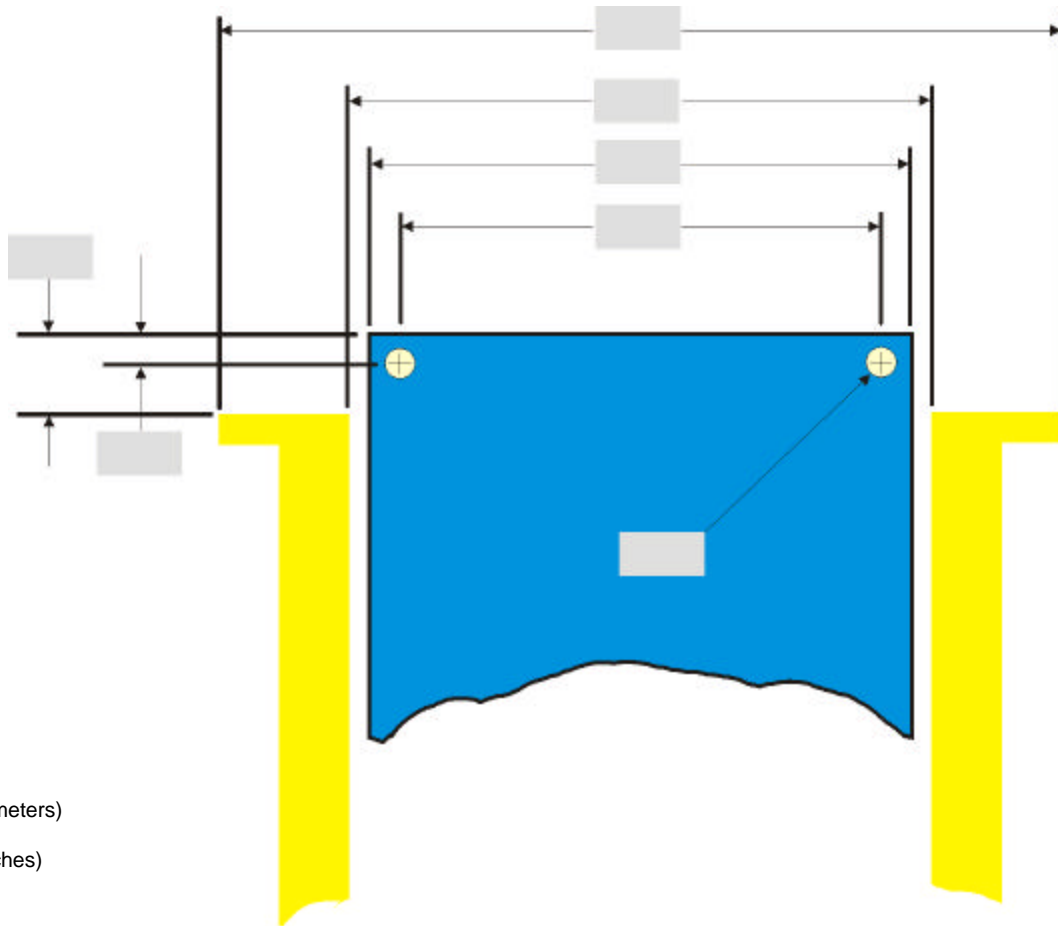
CAN EXTRACTION HOLES BE ADDED TO THE CARD?: _____

CAN EXTRACTION BE USED ON OTHER PROJECTS?: _____

WHAT THICKNESS IS THE CARD?: _____



REMARKS:



Select Metric (millimeters)
or
US Standard (Inches)

Millimeters:
Inches:

