Chevron Cleated Belt Fabrication Form

Name:_____   Date: _____

Company: _____   PO #: _____

Email: _____

Belt Type: _____

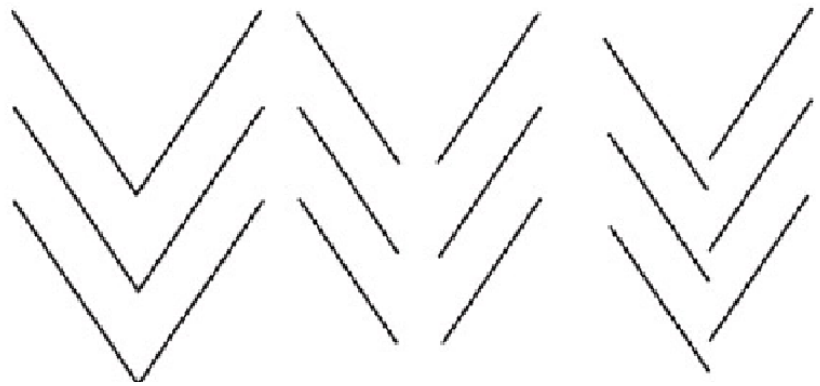Width:_____   Length:_____

Splice Style: _____

A. Cleat Style _____

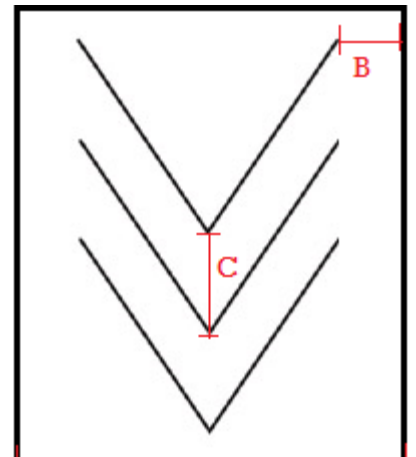B. Cleat Indent from Edge: _____

C. Width Between Cleats: _____

D. Cleat Lug Height: _____

E. Cleat Lug Width:_____

F. Min, Pulley Diameter: _____

G. Crate Needed: _____

Special Instructions:

_____

_____

_____

_____

A. Cleat Style:

Closed Chevron _____ Open Chevron _____ Staggered Chevron

Name of Person completing this form: _____   Date: _____.

Please email this form to info@conveyors247.com or fax 813-248-5716.

Call 813-247-3620 with any questions regarding this form

Please note : No order will be processed until this form is returned