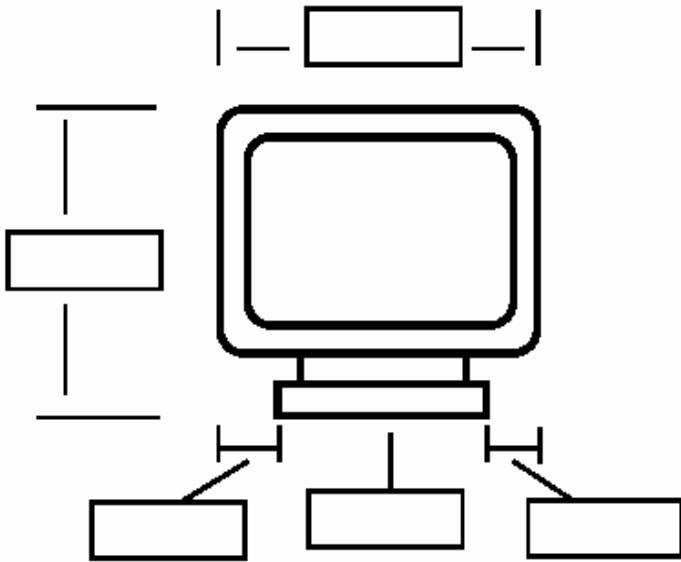


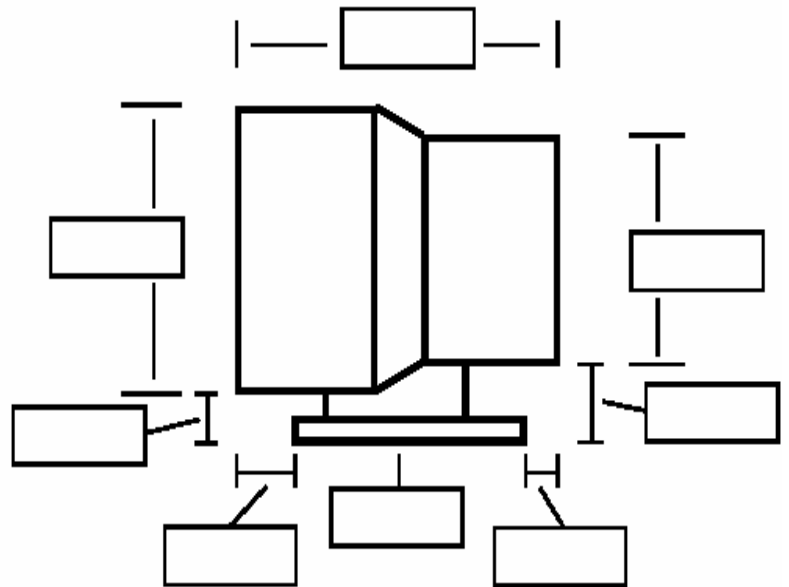
Please fill in all dimensions that apply to your equipment.
(For FAX purposes please do not use pencil)

COMPUTER DISPLAY WITH SWIVEL BASE

FRONT VIEW



SIDE VIEW



Sub-Dimensions must equal Overall dimensions

EQUIPMENT INFORMATION

Make: _____

Model No. _____

Weight: _____

Contact Information

Name: _____

Company: _____

Telephone: _____

FAX: _____

Email: _____

TOP VIEW

