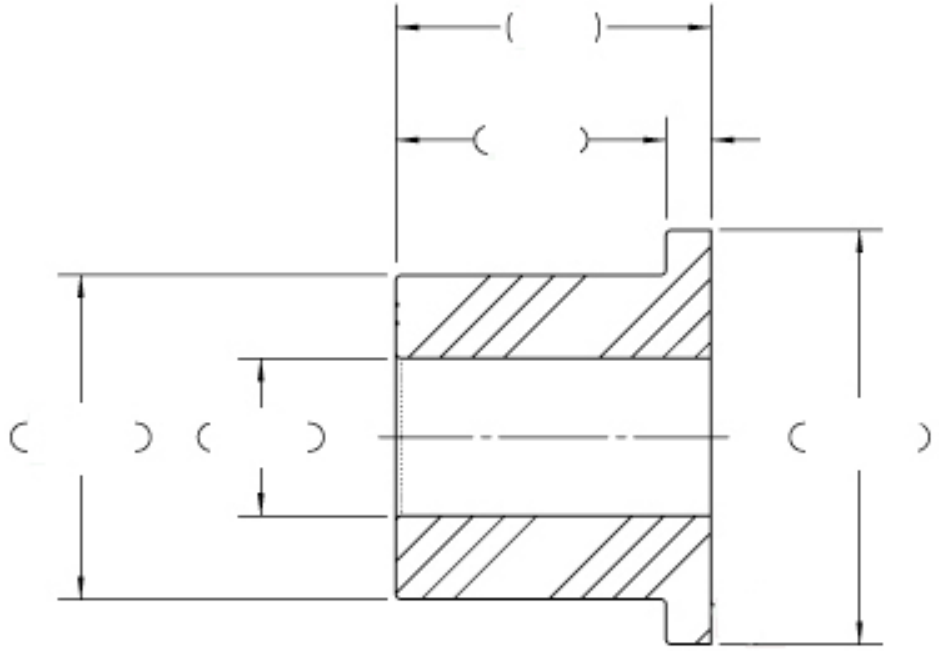
BUSHING REQUEST FORM
Fill in the blanks



Bushing Number: _____

Quantity:_____

Name: _____

Address: _____

_____

Card Number: _____

Expiration: _____

CVC Number: _____