



A Material Difference in Chafe Protection

## Size & Packaging Options

### SMALL - 16" Long - Fits Lines up to 5/8"



**Spiroll®  
Chafeguard**  
*Black, Small,  
Pair*

Store Display  
Packaging

SKU #  
895308000056



**Spiroll®  
Chafeguard**  
*Orange, Small,  
Pair*

Store Display  
Packaging

SKU #  
895308000100



**Spiroll®  
Chafeguard**  
*Black, Small,  
Pair*

Poly Bag  
Packaging

SKU #  
895308000063



**Spiroll®  
Chafeguard**  
*Orange, Small,  
Pair*

Poly Bag/  
Packaging

SKU #  
895308000124

### LARGE - 24" Long - Fits 3/4" to 1"



**Spiroll®  
Chafeguard**  
*Black, Large  
Single Unit*

Store Display  
Packaging

SKU #  
895308000070



**Spiroll®  
Chafeguard**  
*Orange, Large  
Single Unit*

Store Display  
Packaging

SKU #  
895308000117



**Spiroll®  
Chafeguard**  
*Black, Large  
Single Unit*

Poly Bag  
Packaging

SKU #  
895308000087



**Spiroll®  
Chafeguard**  
*Orange, Large  
Single Unit*

Poly Bag  
Packaging

SKU #  
895308000131

MADE IN USA





WWW.ROPEPROTECTION.COM

## VENDOR INFORMATION

**Product:** Spiroll Rope Protectors

**Company:** Trach Mate, Inc.

**Minimum Orders:** None

**Colors:** Orange and  
Black (in any amount/combination)

**Packaging Options:**  
Simple plastic packaging or  
Retail display packaging

**Business Office:**  
Trach Mate Inc.  
50 Sagamore Dr  
Andover, MA 01810 USA

**Phone:** 802-233-2918 (direct)  
888-621-5152 (general)  
978-824-7527 (fax)

**Email:** mark@spiroll.com

*Purchase orders can be emailed, faxed, or mailed.*

### PAYMENT OPTIONS

Visa, Mastercard, and American Express  
(charges on statement will appear under  
Trach Mate, Inc.)

**For Net 30:**  
Make checks payable to: **Trach Mate, Inc.**

**Remit to:** Trach Mate Inc.  
50 Sagamore Dr  
Andover, MA 01810 USA

**Wire Transfer:**  
Details provided upon request

### PRODUCT RETURNS

Unsold stock can be returned for a full refund  
at anytime, with shipping costs covered by  
Trach Mate, Inc.

**Return Goods to:**  
Trach Mate Inc.  
50 Sagamore Dr  
Andover, MA 01810 USA

### ORDER FORM

**PO# (if applicable)** \_\_\_\_\_

**Total Cost From Reverse \$** \_\_\_\_\_

#### Payment Preferences:

\_\_\_\_ Net 30

\_\_\_\_ Credit Card Ex. Date \_\_\_\_\_

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_  
(3 to 4 digit code found on back of card)

Name On Card \_\_\_\_\_

#### Billing Address:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

#### Shipping Address (if different than billing):

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

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**Completed form can be faxed to 978-824-7527**