

## Color & Packaging Options



**Spiroll® Rope Protector**  
*Orange*

Store Display Packaging  
SKU # 895308000001



**Spiroll® Rope Protector**  
*Orange*

Plastic Packaging  
SKU # 895308000018



**Spiroll® Rope Protector**  
*Black*

Store Display Packaging  
SKU # 895308000025



**Spiroll® Rope Protector**  
*Black*

Plastic Packaging  
SKU # 895308000032



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@spirolls.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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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