

To receive a quote, complete the Application Data Form and submit to your CELKA Representative

Quote Due Date _____

CONTACT INFORMATION

Company Name _____

Contact Name _____

Phone _____

Email _____

Indicate One: Distributor End User OEM Other _____

SPECIFICATIONS

EAU: _____ Application: _____

Bore: _____ Stroke: _____ Rod Diameter: _____ Fluid Type: _____

Maximum Allowable Working Pressure: _____ psi OR Maximum Force Required: _____ psi

Tube Material Req.: _____ Rod Material Req.: _____

Cushion: _____ Port Type/Size: _____

Electronic Feedback Req.: _____ Third Party Certification: _____

Other Information: _____

DUTY

Operation: Compression Tension Both

Cycle Rate: _____ Life Cycles: _____

ORIENTATION

Mounting Type: Flange Trunnion Pin Eye Other _____

Cylinder Orientation: Vertical Horizontal Angle _____°

Known Side Load: _____

Degree of Misalignment (from Vertical): _____°

Other Information: _____

ENVIRONMENT

Environmental Temperature Range: _____°F _{min} _____°F _{max} Constant? Yes No

Conditions: Corrosive Abrasive Water Outdoor

Paint Requirements: _____

Other Information: _____

ADDITIONAL INFORMATION/REQUIREMENTS

Customer Drawing Available? Yes No

Other Special Requirements: _____