



PRODUCT INFORMATION & SPECIFICATIONS

CONTACT INFORMATION

Company Name:

Contact Name / Title:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

Quantity Required:

Date:

GENERAL GAS SPRING QUESTIONS

1. Estimated Annual Usage?

2. New or Existing application?

New

Existing

a. Application description including environment and temperature extremes.

3. Quantity required & when?

NEW APPLICATION

1. Which gas spring product group do you need?

Lift-O-Mat (non-locking)

Bloc-O-Lift (infinitely locking)

Stab-O-Shoc (damper)

2. Have the dimensions & forces been determined or does the customer need a gas spring simulation?

If simulation required, complete application worksheet and provide drawing.

3. Production start date?

EXISTING APPLICATION

1. Which gas spring product group are you replacing?

Lift-O-Mat (non-locking)

Bloc-O-Lift (infinitely locking)

Stab-O-Shoc (damper)

2. What are the physical dimensions, force, and end fitting style? See Gas Spring Information Sheet

3. Current Supplier?

Part Number?

4. Target Price?

5. Any additional features desired to enhance the gas spring function such as damping and/or higher force?

6. Is mounting hardware required?

Yes

No

If yes, brackets or ball studs?

Brackets

Ball Studs

Please keep in mind a custom product requires a minimum of 250 pc order quantity and takes 4-6 weeks to design.

