



## UNWIND or REWIND SHAFTS

Quote # : \_\_\_\_\_  
 Company Name : \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact : \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact : \_\_\_\_\_ Title: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email : \_\_\_\_\_ Phone : \_\_\_\_\_ FAX : \_\_\_\_\_

**End User**    **OEM**                      **Quote Priority:**            **24 Hrs**    **<72 Hrs**    **No Rush**    **Budgetary**

Web Material: \_\_\_\_\_ Unwind    Rewind    Quantity \_\_\_\_\_

Core Material: Fiber    Plastic    Metal    Coreless    Goal of Project \_\_\_\_\_

Core ID: \_\_\_\_\_ Core OD: \_\_\_\_\_ Priority: Deflection    Weight    Speed    Maintenance

Roll OD: \_\_\_\_\_ Journals Heat Treat:    Y    N

Max Web Width: \_\_\_\_\_ @ Weight \_\_\_\_\_ Safety Chuck: Y    N    Make \_\_\_\_\_

Min Web Width: \_\_\_\_\_ @ Weight \_\_\_\_\_ Machine Make & Model: \_\_\_\_\_

Min Slit Width: \_\_\_\_\_ # of Cuts \_\_\_\_\_

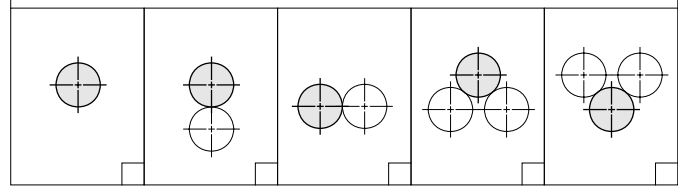
Max Tension: \_\_\_\_\_ Line Speed \_\_\_\_\_

Web:    Always Centered                      Offset Web

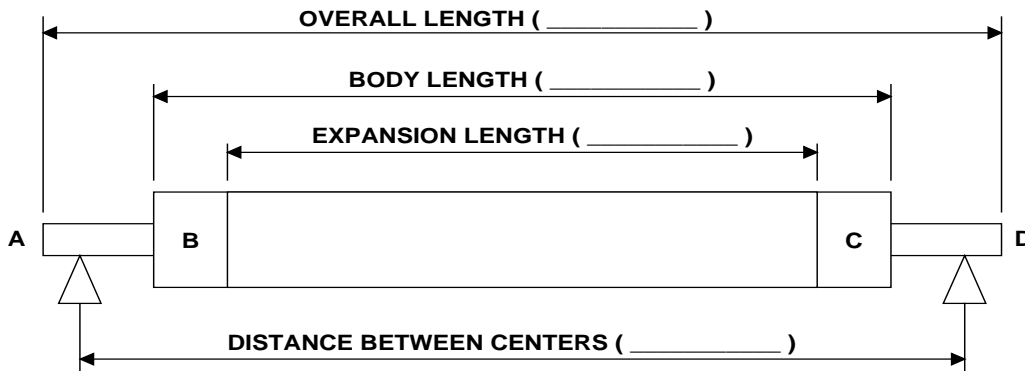
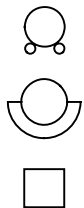
Present Shaft Supplier: \_\_\_\_\_

Present Shaft Type & Material: \_\_\_\_\_

PLEASE INDICATE THE TYPE OF SHAFT SUPPORT



SPECIFY JOURNAL SUPPORT



SPECIFY AIR VALVE LOCATION

- A
- B
- C
- D

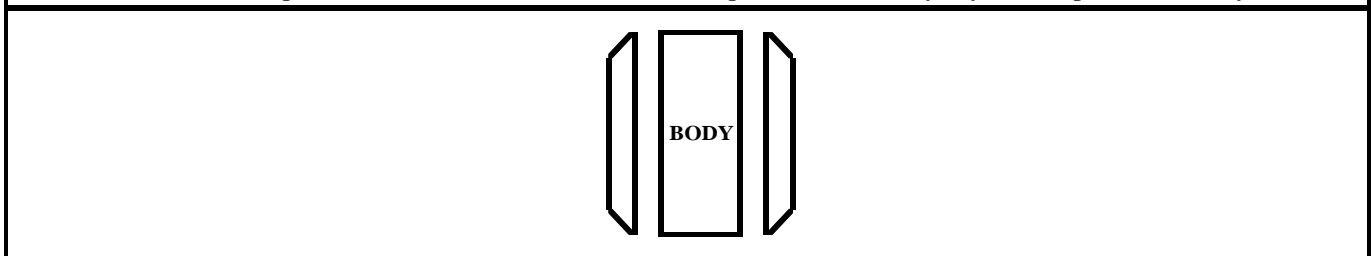
LEFT BEARING INFO

ID(\_\_\_\_\_) OD(\_\_\_\_\_) WIDTH(\_\_\_\_\_) BEARING NUMBER

RIGHT BEARING INFO

ID(\_\_\_\_\_) OD(\_\_\_\_\_) WIDTH(\_\_\_\_\_) BEARING NUMBER

**Journal Details** (please include all dimensions and note position on all keyways, drive pins and/or keys)



Notes: