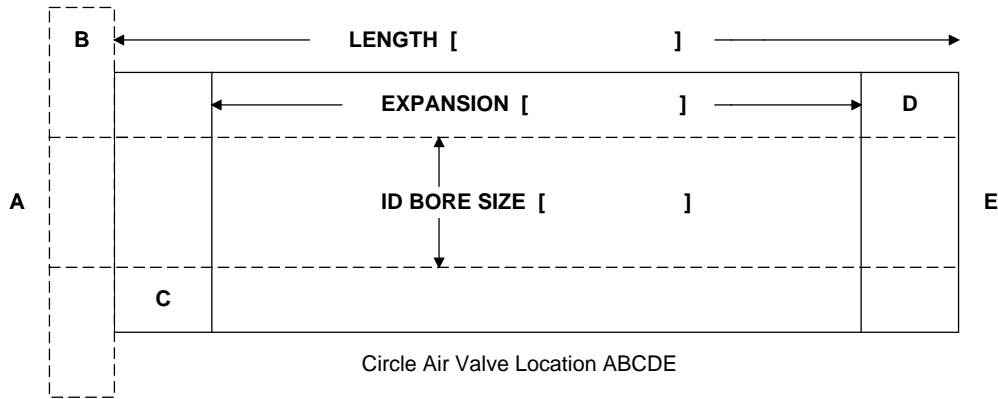




CHUCKS

Quote # : _____
 Company Name : _____ Date: _____
 Contact : _____ Title: _____
 Contact : _____ Title: _____
 Street Address: _____
 City, State, Zip: _____
 Email : _____ Phone : _____ FAX : _____
End User or OEM Quote Priority: 24 Hrs <72 Hrs No Rush Budgetary

Web Material: _____ Quantity _____
 Core Material: Fiber Plastic Metal Goal of Project or Priority: _____
 Core ID: _____ Core OD: _____
 Roll OD: _____ Regen Drive or Flying Splice? Yes No
 Max Web Width: _____ @ Weight _____ Present Supplier & Model: _____
 Min Web Width: _____ @ Weight _____ Machine Make & Model: _____
 Max Tension: _____ Line Speed _____ Unwind _____ Rewind _____
 Are both chucks driven/braked? Yes No **Adapter Size(s):** _____



PNEUMATIC-MECHANICAL
Flange Mounted
 ___ Air Inflate/Air Deflate
 ___ Air Inflate/Spring Retract
 ___ Spring Expand/Air Deflate

MECHANICAL AUTO-EXPANSION
Flange Mounted
 ___ Torque-Expanding
 ___ Axial-Expanding

PNEUMATIC ADAPTERS
Bar Mounted
 ___ Tire Chuck
 ___ Multiple Bladder expanders
 ___ Leaf expanders

Flange Diameter: _____
 Bolt Hole Circle: _____
 Male or Female Pilot: _____

Actual Bar/Shaft OD: _____

ADDITIONAL NOTES: