

Gas Spring Non-Locking Design Questionnaire

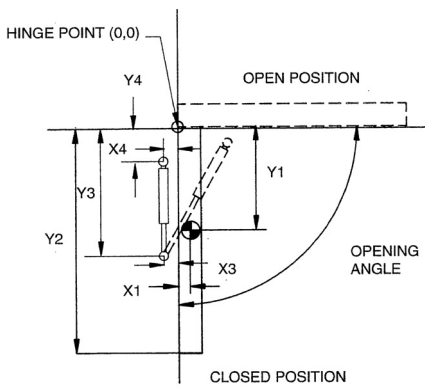
General Information

Name _____
 Title _____
 Company _____
 Address _____
 City: _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

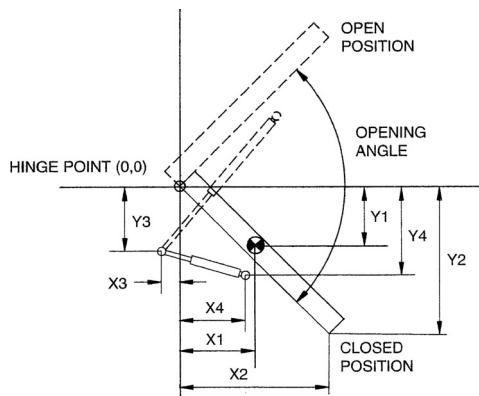
Date _____ Request Completion Date _____
 Type of Business _____
 Website _____
 Authorized to purchase components
 for manufacturing Yes No
 Authorized to sign Purchase Order Yes No

From the drawings, check the box in front of the example that best matches your application.

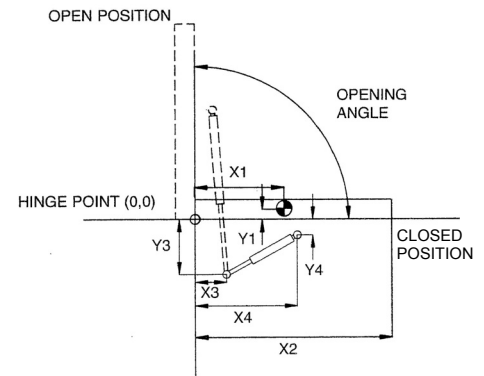
Vertical Door



Offset Door



Horizontal Door



Application Information

Product/Project Name _____
 Estimated Annual Unit Volume _____
 Application Description (environment, cycle lift, etc.) _____

Desired action Autorise Stay Down/Hold Open
 Overcenter Counterbalance

Dampening Extension Compression Extension & Compression
 Heavy Light

Based on your selected illustration, please give the following information

Please note dimensions are in mm inches

Center of Gravity X1 = _____ Y1 = _____
(closed position)

Handle HX = _____ HY = _____
(closed position)

Opening Angle = _____ degrees

Weight of door = _____ lbs. kg.

Preferred Mounting Location

Fixed X3 = _____ Y3 = _____

Moving X4 = _____ Y4 = _____

Drawings attached

Handle loads desired

To lift = _____ To Close = _____

