

BORE SPACER REQUEST FOR QUOTATION

INITIATED BY: _____ DATE: _____ QUOTE NEEDED BY: _____

NOTE: IT IS IMPERATIVE THAT ALL THE INFORMATION ON THIS FORM IS PROVIDED FOR US TO DESIGN A CUSTOM SPACER TO EFFECTIVELY MEET YOUR NEEDS, AND ALSO TO PROVIDE YOU WITH AN ACCURATE QUOTATION.

CUSTOMER INFORMATION

COMPANY _____ PHONE _____
ADDRESS _____
CITY, STATE, ZIP _____ FAX _____
CONTACT NAME _____
TITLE _____ E-MAIL _____

CASING INFORMATION

LENGTH OF CASING RUN _____ SPACER CENTERS IN BORE _____
QUANTITY OF SPACERS NEEDED _____ WHAT IS CASING GOING UNDER? _____
CASING INSIDE DIAMETER _____ CASING OUTSIDE DIAMETER _____
CASING WALL THICKNESS _____ CASING MATERIAL _____

DUCT INFORMATION

| | DUCT SIZE 1 | DUCT SIZE 2 | DUCT SIZE 3 | DUCT SIZE 4 |
|--------------------------|-------------|-------------|-------------|-------------|
| DUCT SIZE (NOMINAL) | _____ | _____ | _____ | _____ |
| TYPE OF DUCT / MATERIAL | _____ | _____ | _____ | _____ |
| NUMBER OF EACH DUCT SIZE | _____ | _____ | _____ | _____ |

NOTE: THIS FORM ACCOMMODATES SPACERS REQUIRING UP TO 4 DIFFERENT DUCT SIZES / TYPES, FOR GREATER # CONTACT FORMEX MFG.

MINIMUM REQUIRED DUCT OD - DUCT OD _____ MINIMUM REQUIRED DUCT OD - SPACER OD _____

MINIMUM REQUIRED DUCT OD - CASING ID _____ MINIMUM REQUIRED SPACER OD - CASING ID _____

(NOTE: IF YOU DO NOT SPECIFY MINIMUMS, AS SOME CUSTOMERS DO NOT, WE WILL USE OUR STANDARD MINIMUM SEPARATIONS)

WILL THE CASING BE FILLED? _____ WHAT WILL THE FILL MATERIAL BE? _____

DOES THE SPACER REQUIRE AN OPENING FOR A FILL HOSE? _____ IF YES, WHAT IS MIN DIA? _____

IS THE APPLICATION FOR COMMUNICATIONS, POWER, BOTH, OR OTHER?

SHOULD THE SPACER BE QUOTED WITH OPTIONAL LOW PROFILE CASTER ASSEMBLIES

OTHER PERTINENT INFORMATION _____

