



# PRODUCT REQUEST FORM

To proceed with designing your custom sealing solution, we require specific details about your application needs. Kindly complete the form and forward it to [info@newdealseals.com](mailto:info@newdealseals.com) with any other information you have available. If any sections are not applicable, feel free to leave them empty.

COMPANY INFORMATION	
Company name:	Date:
Address:	ZIP, city, country:
Name (enquirer):	Name (eng. dept.):
Phone number:	Phone number:
E-mail:	E-mail:

ENQUIRY INFORMATION	
Client reference:	Annual consumption:
Drawing number:	Order quantity:
Request reason:	In case of other:
Application is used for:	In case of other:

APPLICATION DETAILS	
Movement type:	Medium:
Speed:	Pressure type:
Temp. min./max.:	Pressure form:
Operating temp.:	Pressure min./max.:
	Operating pressure:

GLAND/BORE	SHAFT
Material:	Material:
Plating/coating:	Plating/coating:
Hardness:	Hardness:
Surface finish:	Surface finish:

DIMENSIONS				
		Unit	Tolerances	Adjustable?
	Inside diameter (C or D):			
	Outside diameter (A or F):			
	Gland length (G):			
	Gland height (B-C)/(F-E):			
Clearance (A-B)/(E-D):				

SCORE CARD
Friction:
Service life:
Sealing performance:
Easy of installation:
Cost:

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