



NEW DEAL SEALS
SEALING SOLUTIONS

PRODUCT REQUEST FORM

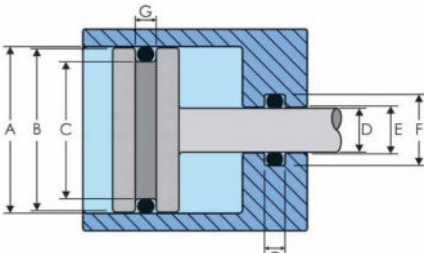
To proceed with designing your custom sealing solution, we require specific details about your application needs. Kindly complete the form and forward it to info@newdealseals.com with any other information you have available. If any sections are not applicable, feel free to leave them empty.

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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