



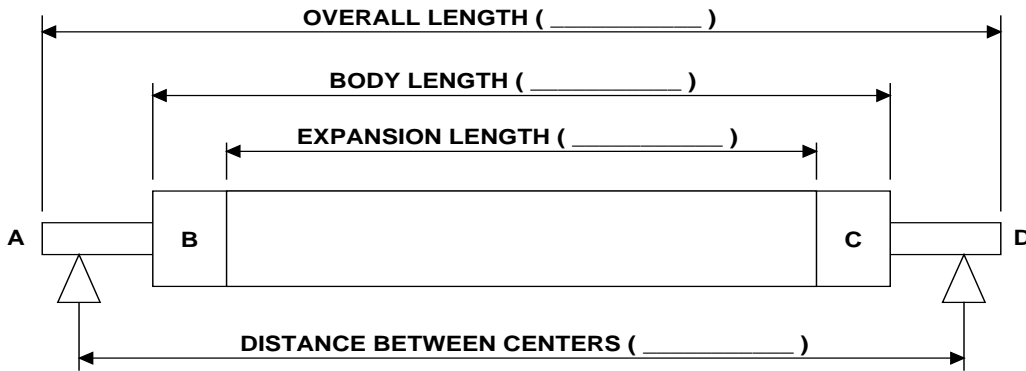
DIFFERENTIAL SHAFTS

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 _____
 Core ID: _____ Core OD: _____ SETUP: Duplex ___ Simplex ___
 Core ID Nominal: _____ Tolerance: +/- _____ Lift-Out ___ Cantilever Unload ___ Cantilever ___
 Type of Wind: Center ___ Center Surface ___ **Present Shaft Supplier:** _____
 Roll Diameter: _____ Machine Make & Model: _____
 Max Total Web Width: _____ Are you winding Differentially now? _____
 Max Total Weight per rewind shaft: _____ Are you using Mechanical Yoke/Spacers? _____
 Min Slit Width: _____ # of Cuts _____ Does system measure: Roll Diameter _____
 Min/Max Tension: _____ Line Speed _____ Web Tension _____

SPECIFY JOURNAL SUPPORT



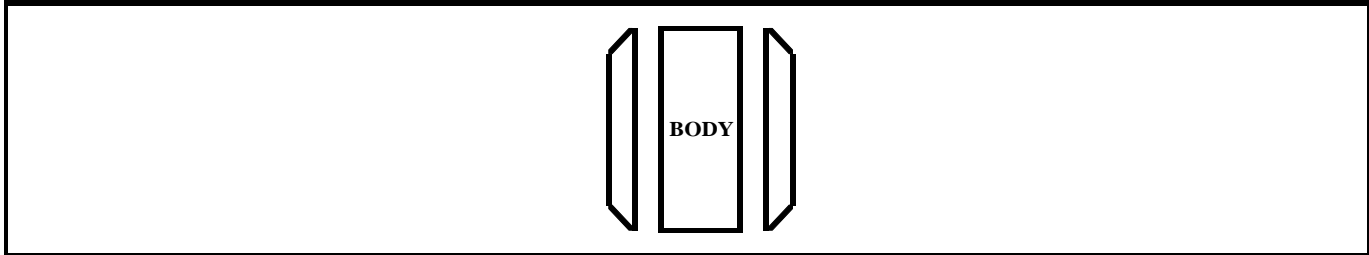
SPECIFY AIR VALVE LOCATION

- A
- B
- C
- D

LEFT BEARING INFO
 ID(_____) OD(_____) WIDTH(_____)
 BEARING NUMBER _____

RIGHT BEARING INFO
 ID(_____) OD(_____) WIDTH(_____)
 BEARING NUMBER _____

Journal Details (please include all dimensions and note position on all keyways, drive pins and/or keys)



Notes: