

Application Data Form

For quotation or application recommendations, simply copy this page, fill it out entirely and mail or fax it to Garlock or to your local authorized distributor.

| | |
|--|--------------------------------------|
| Name: _____ | Date: _____ |
| Phone No.: _____ | Company: _____ |
| | Fax No.: _____ |
| Pipe Size: _____ | Control Units?: _____ |
| Temperature: _____ | Hydrostatic Testing?: _____ |
| Pressure/Vacuum: _____ | Replacement?: For What Style?: _____ |
| Media: _____ | Comments: _____ |
| Movements - Compression: _____ | _____ |
| Elongation: _____ | _____ |
| Lateral: _____ | _____ |
| Face-to-Face Dimension: _____ | _____ |
| Drilling (if other than 125/150lb.): _____ | _____ |
| Retaining Rings: _____ | _____ |