

# 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 125/150 lb.): _____	_____
Retaining Rings: _____	_____