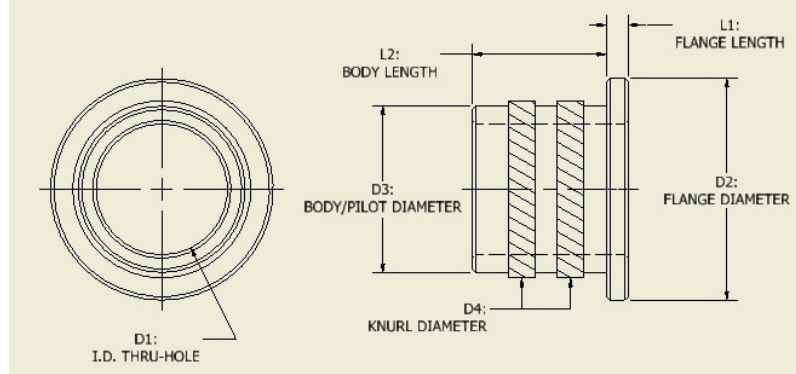


Design Type: Flanged Long (For Body Lengths "L2" OVER 5/16" (.312") long)



Dimensional Specifications: Please specify "Required" dimensions. Others are optional or calculated by Tri-Star.

D1: Required. (I.D. Thru Hole)	L1: Required. (Flange Length)
D2: Required. (Flange Diameter)	L2: Required. (Body Length)
D3: --- Calculated by Tri-Star based on installation method.	
D4: --- Calculated by Tri-Star based on installation method.	

Material:
(Please specify: Brass, Aluminum, Stainless, Steel)

Finish:
(Please specify if required)
If the finish is not a standard commercially available finish we will require a specification sheet.

Plastic:
Enter the type of plastic that insert will be installed into.

Installation Method:
Please specify: Mold-In, Press-In, Ultrasonic Insertion or Thermal Insertion.

Quantities to Quote:
Please specify quantities to quote. Minimum order is 1,000.

Notes:

Please supply your company & contact information below:



Compression Limiter Quote Request

Company Name:		
Contact Name:		
Email:	Ph.:	
Street/PO Box:		
City:	ST:	Zip:

* Please contact our Engineering Department if you need assistance completing this form.