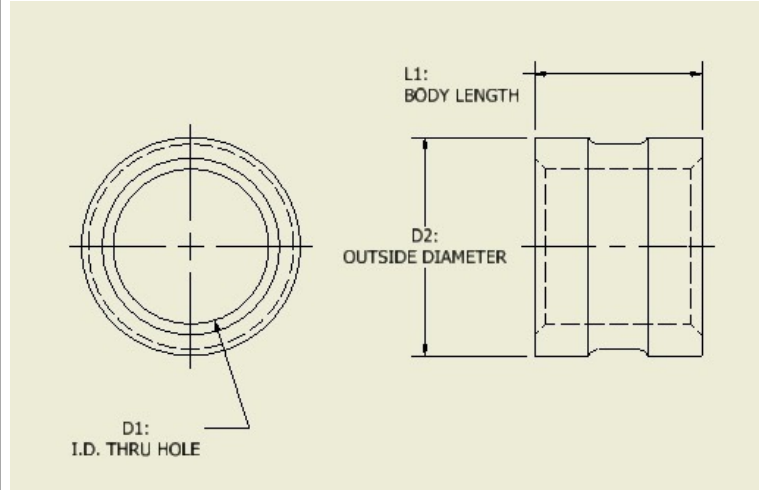


Compression Limiter Quote Request

Design Type: Non-Knurled Symmetrical



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

D1:
Required. (I.D. Thru Hole)

L1:
Required. (Body Length)

D2:
Specify if critical otherwise Tri-Star will recommend. (Outside Diameter)

Material:
(Please specify: Brass, Aluminum, Stainless or 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:
This design is for Mold-In installation only.

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

Notes:

Please supply your company & contact information below:

Company Name:



Compression Limiter Quote Request

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

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