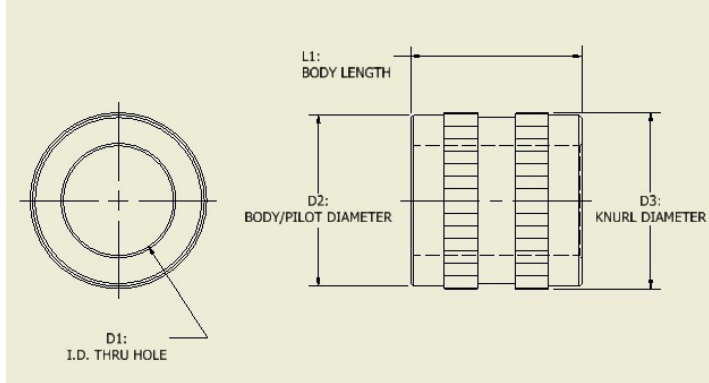
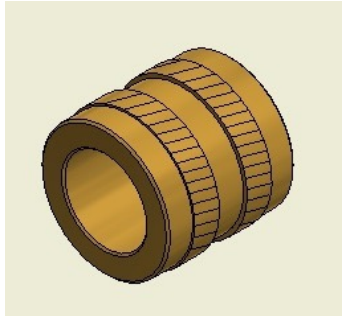


Compression Limiter Quote Request

Design Type: Symmetrical-Long (For Body Lengths "L1" 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. (Body Length)
D2: Specify if critical otherwise Tri-Star will recommend. (Pilot/Body Diameter)	
D3: --- Calculated by Tri-Star based on installation method.	

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:
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:

Company Name:

Contact Name:



Compression Limiter Quote Request

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

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