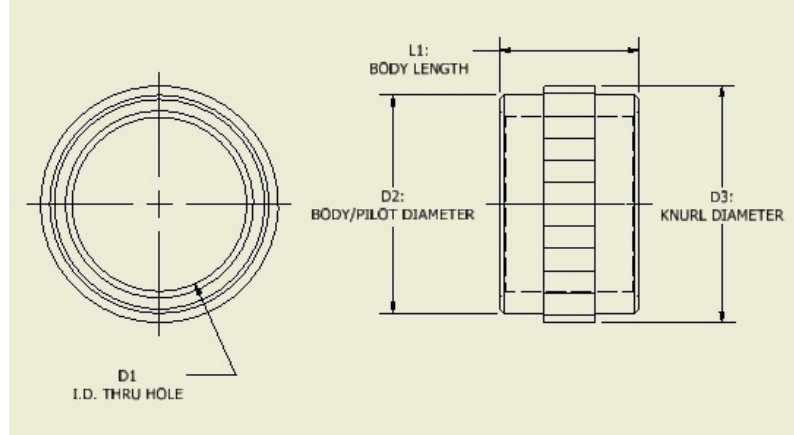


Design Type: Symmetrical-Short (For Body Lengths "L1" up to approximately 5/16")



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

| | |
|--|---|
| <p>D1: Required. (I.D. Thru Hole)</p> | <p>L1: Required. (Body Length)</p> |
| <p>D2: Specify if critical otherwise Tri-Star Will recommend. (Pilot/Body Diameter)</p> | |
| <p>D3: --- Calculated by Tri-Star based on installation method.</p> | |

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:



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.