



SIMPLE SOLUTIONS FOR TOUGH BEARING PROBLEMS

GRAPHALLOY INQUIRY SHEET

Name: _____ Title/Job Function: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Type of Business: _____ Learned about us from: _____

We want your application to be successful. Please help us by providing as much information as possible.

EQUIPMENT:

Type: _____

Manufacturer: _____

Existing or new design: _____

Bearing now used? _____

Why changing/expected benefit: _____

OPERATING CONDITIONS:

Temperature _____ °F °C

Load: radial _____ Lbs Kgs

Axial or thrust _____ Lbs Kgs

Speed: rotating _____ RPM

Linear _____ Units? _____

Reciprocating? _____

Oscillating? _____

Duty - Continuous/intermittent? _____

Environment Surrounding bushing? _____

Contaminates? _____

Abrasives: (Type/Size/Concentration) _____

Please use this space to note any special conditions and additional information, and enclose drawings or sketches of the application, if available.

SHAFT:

Horizontal or Vertical _____

Shaft or Bushing rotates? _____

Diameter: _____ Tolerance +/- _____

Material: _____

Hardness: _____ Finish: _____

Misalignment anticipated? _____

Span between bushings? _____

HOUSING:

ID _____ Tolerance +/- _____

OD _____ Tolerance +/- _____

Length _____

Material _____

QUANTITY:

Bushings per machine: _____

Quantities to quote: _____

TIMING:

Shipment needed by _____

Quotation needed by _____

PLEASE FAX OR MAIL THIS SHEET FOR IMMEDIATE ASSISTANCE.

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