

# Application Data Form

For quotation or application recommendations, simply copy this page, fill it out entirely and mail or fax it to Garlock or to your local authorized distributor.

|   |                                      |
|---|--------------------------------------|
| Name: _____                                 | Date: _____                          |
| Phone No.: _____                            | Company: _____                       |
|   | Fax No.: _____                       |
| Pipe Size: _____                            | Control Units?: _____                |
| Temperature: _____                          | Hydrostatic Testing?: _____          |
| Pressure/Vacuum: _____                      | Replacement?: For What Style?: _____ |
| Media: _____                                | Comments: _____                      |
| Movements - Compression: _____              | _____                                |
| Elongation: _____                           | _____                                |
| Lateral: _____                              | _____                                |
| Face-to-Face Dimension: _____               | _____                                |
| Drilling (if other than 125/150 lb.): _____ | _____                                |
| Retaining Rings: _____                      | _____                                |