



Gas Spring Application Enquiry Form

Camloc
Motion Control

Please provide application details below – PLEASE USE BLOCK CAPITALS.

Contact Name:	Job Title:
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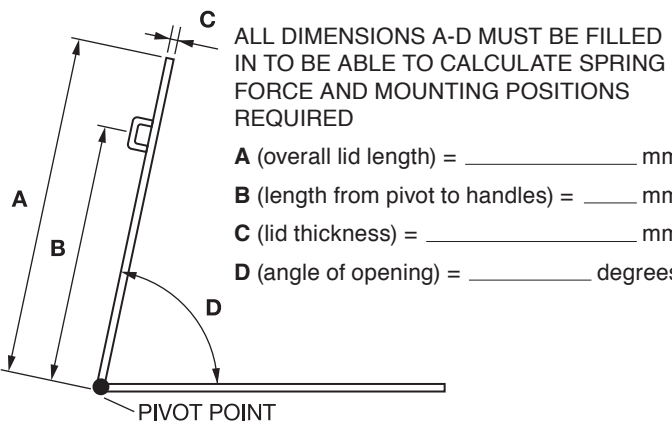
Company Name:	
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Tel:	Enquiry Reference:
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Please remember that the more information you can provide us with from the beginning the faster we can provide your gas spring solution!

● What is your Application? *e.g. (machine guard, tool box cover)*

● Describe the action you require from the gas spring on your application: _____



● Any restrictions on mounting space?: If Yes, identify on your sketch/drawing in the grid space allocated: _____

● What is the application lid weight?: _____ Kg

● Where is the Hinge pivot point on the lid?

e.g. top face of lid: or lower face of lid:

Please provide your own drawings/sketches if available. All dimensions must be from the pivot point. All supporting 3D models or 2D drawings should be included separately.

● Do you have any preferences as to when the gas spring takes over lifting? *e.g. after 'x' degrees or instant lift* _____

● Do you know your Centre of Gravity? (We need to know this in 2D (X & Y co-ordinates) from the pivot point. Please use grid below.

If Yes XG = _____ mm, YG = _____ mm

If not, please provide a detailed description of the lid shape. *e.g. 2" flat steel plate, no additional features, no holes in material and no voids* _____

X-Axis

Ground

Please use separate sheet if needed.

● Will the gas spring be subject to vibration whilst on the application? Y or N. If Y please describe _____

● Clearly State the Operating Temp Range: *e.g. room temperature 21°C* Min: _____°C Max: _____°C

● Does the Operating Environment require – Standard Carbon Steel or Stainless Steel

● Number of operations/cycles per day: _____	● How Many Springs per Application?: _____
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● Estimated Annual Quantity: _____ Units	● Spring/Strut Type: _____
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● Delivery/Batch Qty: _____ Units	● Customer Part Number: _____
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● Current Price (£): _____	● Current Supplier: _____
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● Additional Comments: _____
