

Design Request Form

Name			
Title			
Company			
Address			
State			P/code
Phone			Fax
Email			

Type of Business

Motor Vehicle	<input type="checkbox"/>	Aircraft	<input type="checkbox"/>	Furniture	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Other	<input type="checkbox"/>

The accuracy of your information is vital to ensure the suitability of the proposed gas spring

Centre of Gravity - (Centre of gravity from the hinge point):

X1 = mm

Y1 = mm

Handle – (Hand force location in closed position):

X2 = mm

Y2 = mm

Opening Angle:	Degrees	Weight of Lid:	Kg
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Desired Action:

<input type="checkbox"/>	Self opening when unlatched	<input type="checkbox"/>	Similar to car hatchback door
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If necessary, please supply and indicate on your sketch any restrictions to mounting the gas spring (eg. Holes, cutout, vents etc.)

Application description:
(environment, cycle life, operating temperature, etc)

