



UNWIND or REWIND SHAFTS

Quote # : _____
 Company Name : _____ Date: _____
 Contact : _____ Title: _____
 Contact : _____ Title: _____
 Street Address: _____
 City, State, Zip: _____
 Email : _____ Phone : _____ FAX : _____

End User or OEM **Quote Priority:** **24 Hrs** **<72 Hrs** **No Rush** **Budgetary**

Web Material: _____ Unwind Rewind Quantity _____

Core Material: Fiber Plastic Metal Coreless Goal of Project _____

Core ID: _____ Core OD: _____ Priority: Deflection Weight Speed Maintenance

Roll OD: _____ Journals Heat Treat: Y N

Max Web Width: _____ @ Weight _____ Safety Chuck: Y N Make _____

Min Web Width: _____ @ Weight _____ Machine Make & Model: _____

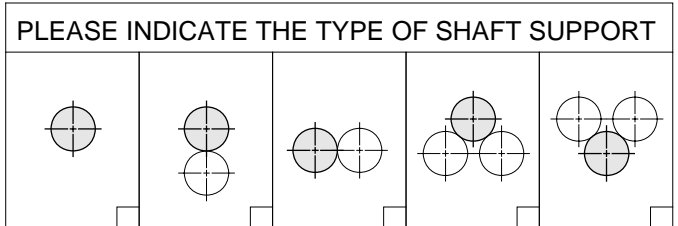
Min Slit Width: _____ # of Cuts _____

Max Tension: _____ Line Speed _____

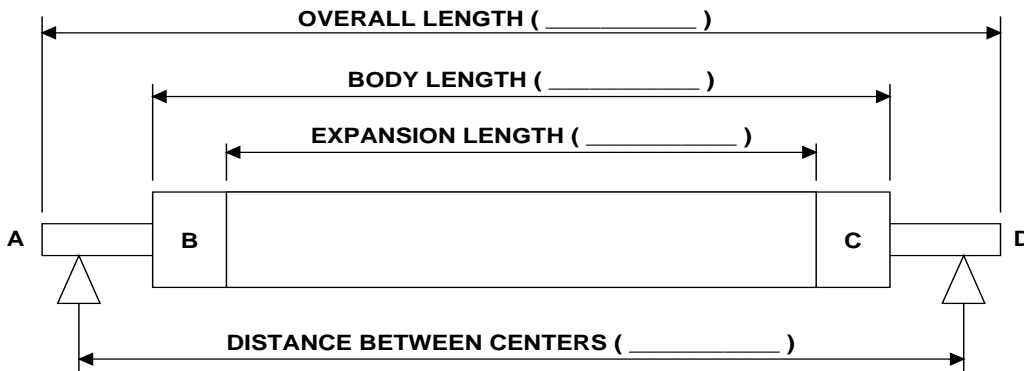
Web: Always Centered Offset Web

Present Shaft Supplier: _____

Present Shaft Type & Material: _____



SPECIFY JOURNAL SUPPORT



SPECIFY AIR VALVE LOCATION

- A
- B
- C
- D

LEFT BEARING INFO
 ID(_____) OD(_____) WIDTH(_____)
 BEARING NUMBER _____

RIGHT BEARING INFO
 ID(_____) OD(_____) WIDTH(_____)
 BEARING NUMBER _____

Journal Details (please include all dimensions and note position on all keyways, drive pins and/or keys)

Notes: