

# GOLDENROD

**CHUCKS**  
PRICE ESTIMATE/QUOTE

25 Lancaster Drive • Beacon Falls, CT 06403  
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Please use this form to provide as many details about your Shaftless Chuck requirements as possible. ( \*denotes required field)

Date \_\_\_\_\_ Company\* \_\_\_\_\_  
First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Title \_\_\_\_\_ Company \_\_\_\_\_  
Address\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_  
Phone\* (ext.) \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail\* \_\_\_\_\_

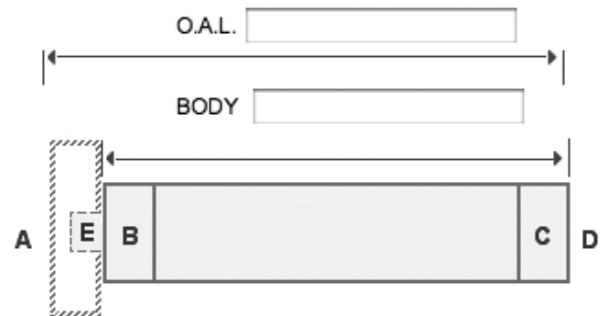
### SPECIFICATIONS: (Refer to diagram below)

Mounting Type *Refer to position "E" on diagram*

- Set Screw     Split Collar  
 Flange: Extended Pilot    Height \_\_\_\_\_    OD \_\_\_\_\_  
 Flange: Recessed Pilot    Height \_\_\_\_\_    OD \_\_\_\_\_

Air Valve Location (if required)    # of Chucks per Roll

- Refer to diagram below*     1     2  
 A     B     C     D



Web Material (select one)

- Film     Foil  
 Paper     Non-Woven

Core Material (select one)

- Fiber     Metal  
 Plastic

\* Core ID \_\_\_\_\_    Core OD \_\_\_\_\_

\* Max Roll Diameter \_\_\_\_\_    Max Width of Unwind Roll \_\_\_\_\_

\* Max Width \_\_\_\_\_    \* Max Weight \_\_\_\_\_

\* Min Width \_\_\_\_\_    \* Min Weight \_\_\_\_\_

Max Tension (PLI) \_\_\_\_\_    \*Line Speed (FPM) \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estop \_\_\_\_\_ fpm to zero in \_\_\_\_\_ sec    \* Quantity Requested \_\_\_\_\_

GOAL OF PROJECT & SPECIAL REQUIREMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body Type (select one)

- Steel     Aluminum

Chuck Style (select one)

- Pneumatic Expansion  
 Mechanical Expansion  
 Pneu./Mech. Expansion  
 Self-expand. (axial)  
 Self-expand. (torque)  
 Lug Expanders  
 Ledge Expanders  
 Leaf Expanders  
 Rubber Tubing