

GOLDENROD

AIR SHAFTS 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 Air Shaft 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)

Air Valve Location (select one)

- A B C D

Support Style (select one)

- Cantilevered
 Standard

CHECK THE BOX IF THE JOURNAL IS SQUARE. (NOTE: SQUARE JOURNALS ARE HEAT TREATED.)



Web Material (select one)

- Film Foil
 Paper Non-Woven

Core Material (select one)

- Fiber Metal
 Plastic

* Quantity Requested _____

* Core ID _____ Core OD _____ *Max Roll Diameter _____

Shaft Location

- Unwind Rewind
 Unwind/Rewind

Web is

- Always Centered
 Offset Web

* Max Width _____

Max Weight _____

* Min Width _____

Min Weight _____

* Min Slit Width _____

No. of Cores/Rolls _____

Max Tension _____

* Line Speed _____

Shaft Support (select one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Submit Attached Drawing	

Journals Heat Treat (select one)

- Yes No

Body Type (select one)

- Steel Aluminum Carbon Fiber

Machine Make _____

Model # _____

Year Manuf. _____

Estop _____ fpm to zero in _____ sec

Safety Chucks Make _____

Safety Chucks Model # _____

SPECIAL REQUIREMENTS _____

REMARKS _____
