

# CYL Request For Quotation – Telescopic Cylinders

## Customer Information

Date: \_\_\_\_\_  
CAE Name: \_\_\_\_\_  
Customer: \_\_\_\_\_  OEM  MRO/User  
Full Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Distributor: \_\_\_\_\_  
Distributor Rep.: \_\_\_\_\_  
Quote Due Date: \_\_\_\_\_ Target Price (each): \_\_\_\_\_  
Competition: \_\_\_\_\_  
Current Quantity: \_\_\_\_\_ Future Quantity: \_\_\_\_\_

## Product Specifications

Model No. (if known) \_\_\_\_\_

Serial No. (if known) \_\_\_\_\_

Note: If you provide the model or serial number, it is not necessary to fill out the rest of this form.

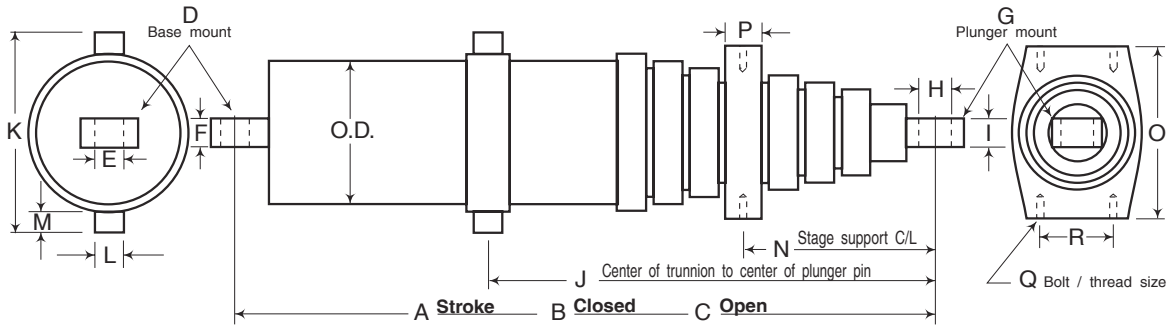
Single- or Double-Acting \_\_\_\_\_ System operating pressure (PSI) Normal \_\_\_\_\_ Max \_\_\_\_\_  
O.D. of body \_\_\_\_\_ Is there a relief valve in system \_\_\_\_\_ Setting \_\_\_\_\_  
O.D. largest moving stage \_\_\_\_\_ System flow in G.P.M. Min. \_\_\_\_\_ Max. \_\_\_\_\_  
Number of moving stages \_\_\_\_\_ System operating temp. (F) Min. \_\_\_\_\_ Max. \_\_\_\_\_  
Plated or non-plated stage \_\_\_\_\_ Load holding requirements \_\_\_\_\_  
 Global Shield  chrome  nitride Environmental condition \_\_\_\_\_  
Any side or eccentric loading possible \_\_\_\_\_  
Mounting Type: \_\_\_\_\_ Fluid Media: \_\_\_\_\_  
(see chart on next page)  
Cylinder Orientation: \_\_\_\_\_ Max. Plunger Speed-Extend: \_\_\_\_\_ inch/sec  
 vertical, plunger up  vertical, plunger down  horizontal Max. Plunger Speed-Retract: \_\_\_\_\_ inch/sec  
 ° from vertical \_\_\_\_\_° retracted \_\_\_\_\_° extended Cycle Rate: \_\_\_\_\_ per minute \_\_\_\_\_ per day  
Load:  guided  unguided Market: \_\_\_\_\_  
Max. Load-Push: \_\_\_\_\_ lbf Max. Load-Pull: \_\_\_\_\_ lbf Application: \_\_\_\_\_  
Side Load-Extended: \_\_\_\_\_ lbf Side Load-Retracted: \_\_\_\_\_ lbf  New Application  Existing Application  
Cylinder Function: \_\_\_\_\_



**Telescopic Cylinder Application Data Form (page 2)**

**Mounting Options**

Code Letter	Mount Description	Mount Sketch	Mount Location	Code Letter	Mount Description	Mount Sketch	Mount Location
A	Plain No Mount		Body or Rod	J	Foot / Pad Mount		Body
B	Pin-Eye Drilled Thru Rod		Rod	K	Centerline Mount		Body
C	Pin-Eye Drilled Thru Lug		Body or Rod	L	Double Lug Clevis Mount		Body or Rod
D	Cross Tube		Body or Rod	M	Trunnion Mount		Body
E	Threaded		Body or Rod	N	Rod End Drilled and Tapped		Rod
F	Drilled and Tapped		Body or Rod	O	Ball Mount		Body or Rod
G	Flange Mount at Base		Body	P	Socket Mount		Body or Rod
H	Flange Mount Mid-Body		Body				



A : Total stroke \_\_\_\_\_

B : Closed length \_\_\_\_\_

C : Open length \_\_\_\_\_

D : Base mount type or code \_\_\_\_\_

E : Base pin diameter \_\_\_\_\_

F : Base mount width \_\_\_\_\_

G : Plunger mount type or code \_\_\_\_\_

Special mounting (if applicable) \_\_\_\_\_

Extend port size and type \_\_\_\_\_

Retract port size and type \_\_\_\_\_

Special features or comments \_\_\_\_\_

H : Plunger pin diameter \_\_\_\_\_

I : Plunger mount width \_\_\_\_\_

J : Plunger pin to trunnion C/L (if applicable) \_\_\_\_\_

K : Trunnion overall width \_\_\_\_\_

L : Trunnion lug diameters \_\_\_\_\_

M : Trunnion lug lengths \_\_\_\_\_

Extend port location \_\_\_\_\_

Retract port location \_\_\_\_\_

Email instructions: If you are planning on emailing this form, please be sure to include your drawing file as a separate attachment.

**e-mail: mcdsales@parker.com**

Faxing instructions: If you are planning on faxing this form, please fax your sketch as well. **Fax: (800) 694-3392**

Proposal Drawings \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, \$250 drawing charge PO # \_\_\_\_\_

