

GAS SPRING DESIGN SHEET

USE A PHOTOCOPY OF THIS FORM FILLED OUT AND FAX, EMAIL OR MAIL TO ORR & ORR INC.

Date _____ Requested Completion Date _____
 Name _____
 Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Contact _____
 Phone _____ Fax _____
 Contact _____
 Phone _____ Fax _____

Authorized to purchase components for manufacture: Yes No

Authorized to sign Purchase Orders: Yes No

Annual Volume: _____

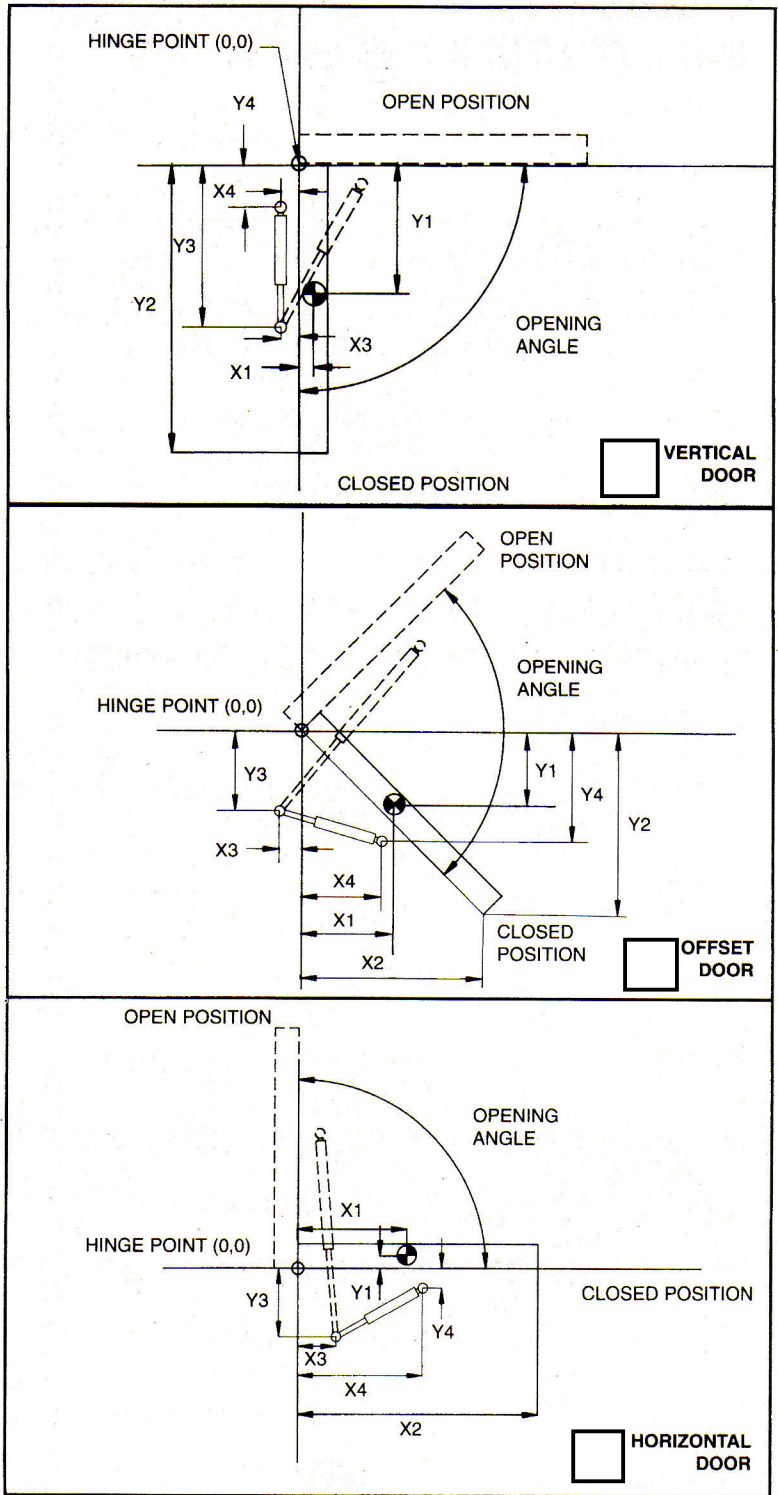
Type of Business: Motor Vehicles Aircraft Furniture
 Medical Industrial Other _____

Application Description (environment, cycle life, etc...): _____

Desired action: Hatchback Autorise
 Overcenter Counterbalance-HOL, BOL

Dampening Needed: Extension Compression Double
 Dual Heavy Light

Comments (lack of information will delay design processing): _____



Circle the above example which best matches your application and, based on the illustration, please give the following information:

C.G. X1 = _____ Y1 = _____ Handle X2 = _____ Y2 = _____ Opening Angle = _____ degrees Weight of door = _____ lbs.
(closed position) (closed position)

Program will solve for mounting: Fixed X3 = _____ Y3 = _____ Moving X4 = _____ Y4 = _____ Drawings attached

Handle loads desired: To lift _____ To close _____



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