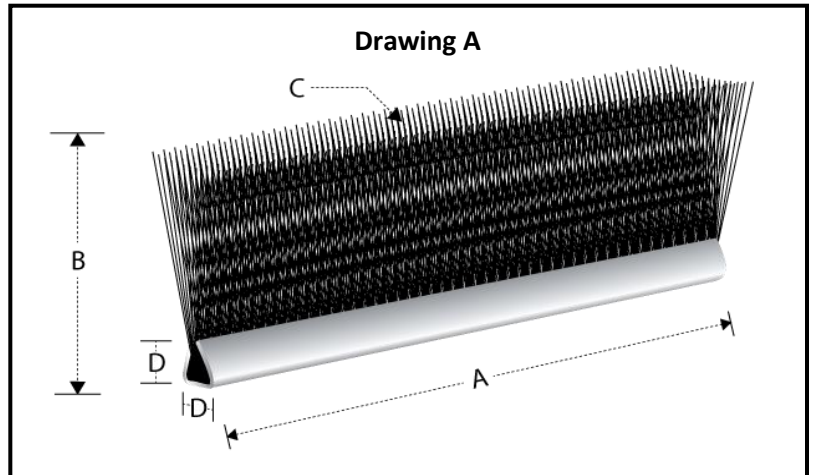




## RFQ Checklist – Metal Strip Brush



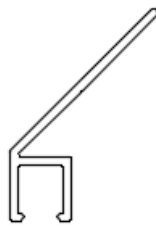
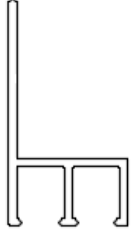


Customer Information	
Company	
Contact Name:	
Phone #:	
Email:	
Address:	
Application (Brief Description)	



### Product Specifications

**\*Important:** Please provide **ALL dimensions in INCHES** and indicate any **critical tolerances**.

Corresponding Dimension (See Above Drawings A)	Description	Customer Dimension (in INCHES)
A	Brush Length	
B	Overall Trim (OAT)	
C	Filament Diameter	
D	# Channel Size- (Width x Height) (Check One)	#3- 5/32" x 5/32" <input type="checkbox"/> #4- 3/16" x 3/16" <input type="checkbox"/> #5- 7/32" x 1/4" <input type="checkbox"/> #7- 5/16" x 5/16" <input type="checkbox"/> #8- 21/64" x 3/8" <input type="checkbox"/> #10- 7/16" x 7/16" <input type="checkbox"/> #12- 17/32" x 17/32" <input type="checkbox"/>
Channel Material	GALVANIZED STEEL <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/>	
Filament Type (Please Check One)	NYLON <input type="checkbox"/> POLYPRO <input type="checkbox"/> POLYETHYLENE <input type="checkbox"/> TAMPICO <input type="checkbox"/> HORSEHAIR <input type="checkbox"/>	HF STEEL WIRE <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> BRASS <input type="checkbox"/> ABRASIVE NYLON <input type="checkbox"/> _____ GRIT OTHER:
Filament Colour	NATURAL <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER:	
Filament Style	CRIMPED <input type="checkbox"/>  LEVEL <input type="checkbox"/> 	
Bristle Density	LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/>	
Application	CHEMICAL (WET <input type="checkbox"/> OR DRY <input type="checkbox"/> ): CFIA/FDA APPROVAL <input type="checkbox"/> TEMPERATURE(°C): _____ RPM: _____ OTHER:	

Standard Strip Holders	
	
#4 -H40 <input type="checkbox"/>	#4 -F40 <input type="checkbox"/>
#7 -H70 <input type="checkbox"/>	#7 -F70 <input type="checkbox"/>
#10 -H100 <input type="checkbox"/>	
	
#4 -H40-45° <input type="checkbox"/>	#7 -2 Slot H <input type="checkbox"/>
#7 -H70-45° <input type="checkbox"/>	
	
#7 -E70 <input type="checkbox"/>	#7 -M70 <input type="checkbox"/>