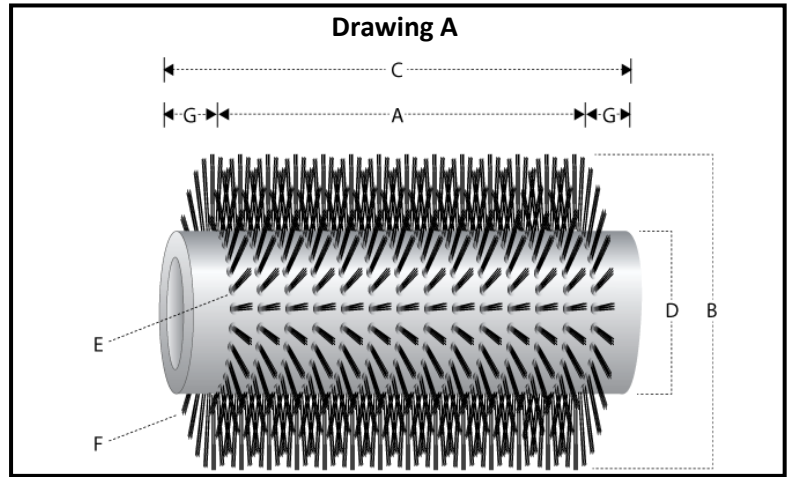


RFQ Checklist – Tufted Cylinder Brush

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



Spacing Style (Please Check One)

Drawing B		
Offset Staggered <input type="checkbox"/>	Straight <input type="checkbox"/>	Spiral/Helix <input type="checkbox"/>

Product Specifications

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

Corresponding Dimension (See Above Drawings A & B)	Description	Customer Dimension
A	Brush Face	
B	Brush Diameter	
C	Core Length	
D	Core Diameter	
E	Hole Diameter (Drill)	
F	Filament Diameter	
G	Set Back	
H	Radial Spacing	
I	Length Spacing	
W	Width (Center to Center)	
J	# Of Turns Over Length	
K	Rows	
Filament Type (Please Check One)	NYLON <input type="checkbox"/> HORSEHAIR <input type="checkbox"/> POLYETHYLENE-PEX <input type="checkbox"/> TAMPICO <input type="checkbox"/> POLYPROPYLENE <input type="checkbox"/>	
Filament Colour	NATURAL <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER: _____	
Filament Style	CRIMPED <input type="checkbox"/> LEVEL <input type="checkbox"/>	
Core Material	PVC <input type="checkbox"/> HDPE <input type="checkbox"/> UHMW <input type="checkbox"/> NYLON <input type="checkbox"/> DELRIN <input type="checkbox"/> OTHER: _____	
Application	CHEMICAL (WET <input type="checkbox"/> OR DRY <input type="checkbox"/>): CFIA/FDA APPROVAL <input type="checkbox"/> TEMPERATURE(°C): _____ RPM: _____ OTHER: _____	

End Bushing Requirement	
<input type="checkbox"/> 1" Square	<input type="checkbox"/> 3/4" Idler
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thru Bore with Key	<input type="checkbox"/>
Key: One End Both Ends Inline	
<input type="checkbox"/>	<input type="checkbox"/>
Setscrews: 2 Setscrews at 90° Apart <input type="checkbox"/>	
Other: _____	
Stub Shaft <input type="checkbox"/>	
Drive End Size (∅ X L): _____	
Idler End Size (∅ X L): _____	
Other: (Please Specify)	