Contact Name: ___________________________________________

Company Name: ___________________________________________

Phone: __________________________________________________

Fax: ______________________________________________________

Email: ___________________________________________________

Specifications

Quantity: _______________________

Annual Usage: ____________________

Channel Material: Galvanized, T-304 S/S, Other S/S available on request

Filament Material: ____________________

Level or Crimped: ____________________

Filament Diameter: ____________________

Outside Diameter: ____________________

OAT: ____________________

Application: ____________________

---

CHANNEL DIMENSIONS

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<th>Y</th>
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<td>mm</td>
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MINIMUM OD FOR CUP SEALS

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<th>Stainless Filament</th>
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* T-304 S/S Channel change “1” to “2”. Other S/S available on request