

C Q M

CUSTOM QUALITY MANUFACTURING, INC

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E-mail: sales@cqm-inc.com

FAX QUOTE / ORDER FORM

Fax: 1-800-931-0140 • 1-813-290-0607

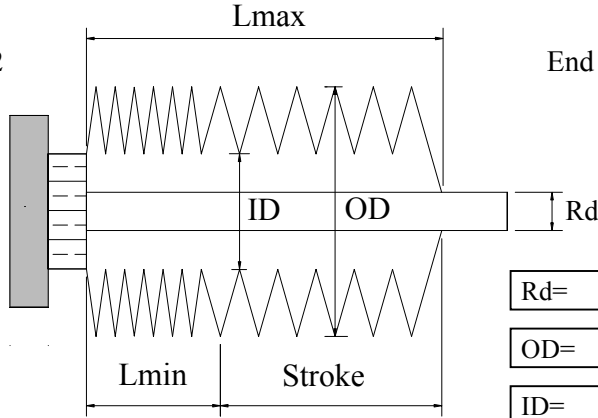
ROUND BELLOW BASIC CONFIGURATION

Select End # 2 Option

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4
OD =			
ID =			
H1 =			
H2 =			
H3 =			
L1 =			
W1 =			
L2 =			
W2 =			

Lmax. =

End # 2



End # 1

Select End # 1 Option

<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4
OD =			
ID =			
H1 =			
H2 =			
H3 =			
L1 =			
W1 =			
L2 =			
W2 =			

Rd=

OD=

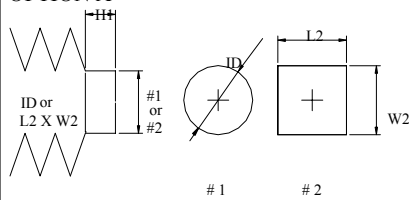
ID=

Unit of Measure: Metric English

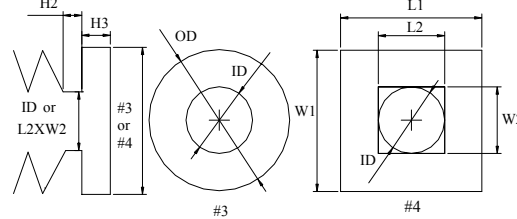
Lmin =

Stroke =

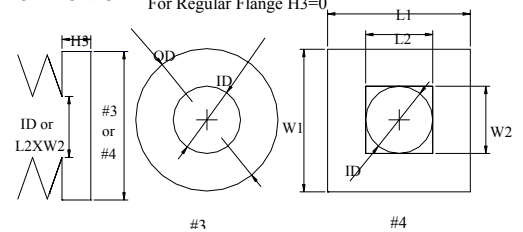
OPTION A Round/Square /Rectangular Cuff



OPTION B Extended/Round/Square/Rectangular Cuff For Regular Extended Flange H3=0



OPTION C Round /Square/ Rectangular Flange Cuff For Regular Flange H3=0



BASIC INFORMATION:

REQUIREMENTS: Normal, dust, dirt and moisture: Others: Oil, chemicals, others: Type: _____

Heat application Welding application Service temperature range: _____

INSTALLATION: Horizontal Vertical Incline Others: _____

BELLOW : Type: Sewn Wire supported Bellow material: _____

ACCESSORIES: Metal Plate PVC Plate Standard Internal Support Guide Split Guide Zipper Tabs Vents

Others: _____ . Provide drawings for plates and guides.

NOTES: Attach additional notes and drawings if needed : Yes No

CONTACT INFORMATION:

Date: _____ P.O # _____ CQM# _____ Quantity: _____ Delivery Date: _____

Company: _____ Contact person: _____

Address: _____ Phone: _____ Fax: _____

Deliver to: _____ E-mail: _____

Request for Quote/Order by: _____

Date: _____

Please fill out form, print and then fax to: (813) 290-0607

OR print, scan and then email to: sales@cqm-inc.com