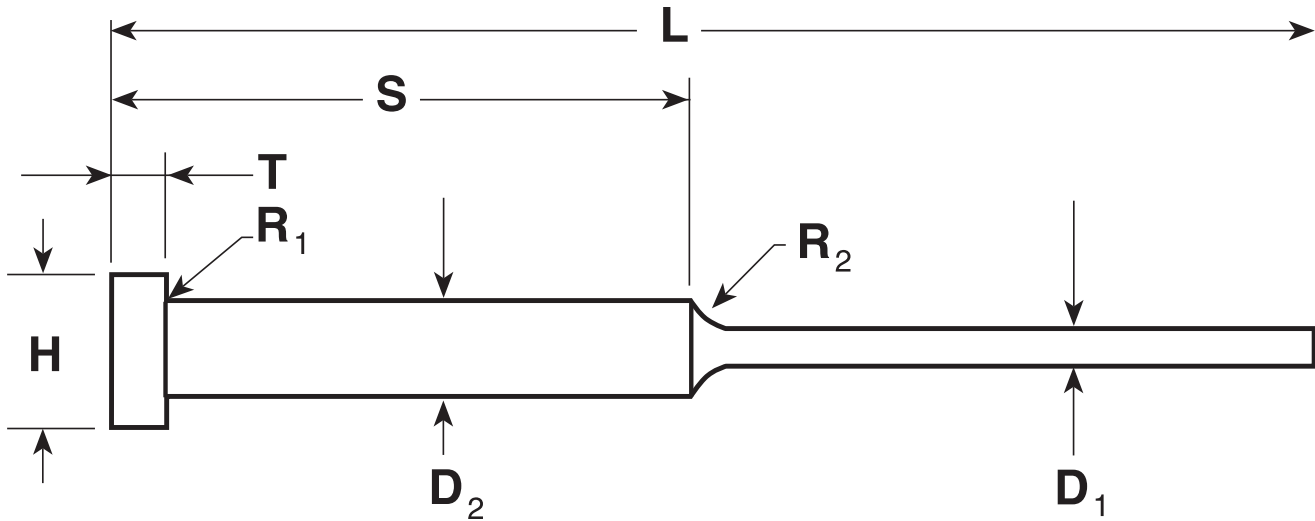


FAXABLE QUOTE FORM SHOULDER EJECTOR PINS



| | Size | Tolerance | ✓ | Special Tolerance | |
|------------------------|----------------------|------------------|--------------------------|-------------------------|-------------------------|
| D₁ = | <input type="text"/> | -.0003 -.0008 | <input type="checkbox"/> | or <input type="text"/> | Quantity |
| D₂ = | <input type="text"/> | +.000 -.001 | <input type="checkbox"/> | or <input type="text"/> | Material |
| L = | <input type="text"/> | +.060 -.000 | <input type="checkbox"/> | or <input type="text"/> | Hardness/Heat Treatment |
| S = | <input type="text"/> | +.000 -.020 | <input type="checkbox"/> | or <input type="text"/> | Required by |
| T = | <input type="text"/> | +.000 -.002 | <input type="checkbox"/> | or <input type="text"/> | |
| H = | <input type="text"/> | +.000 -.010 | <input type="checkbox"/> | or <input type="text"/> | |
| R₁ = | <input type="text"/> | 1/32 MAX | <input type="checkbox"/> | or <input type="text"/> | |
| R₂ = | <input type="text"/> | BLEND RADIUS | <input type="checkbox"/> | or <input type="text"/> | |

Company: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Contact Name: _____ Reference #: _____