



APPLICATION WORKSHEET

33735 Groesbeck Hwy. • Fraser, MI 48026 • (810) 294-0500 • Fax (810) 294-5949

To receive your quality sealing solutions from **ACUSEAL**, please complete and return this form to our office by **FAX: (810) 294-5949** or by **MAIL: 33735 Groesbeck Hwy., Fraser, Michigan 48026**. If you have any questions, please call us toll-free at **1-800-ACUSEAL**. Thank you for your request.

CUSTOMER INFORMATION

Name _____ Title _____
 Company _____ Address _____
 City/State/Zip _____
 Phone _____ Fax _____

APPLICATION/TYPE OF EQUIPMENT: _____

PRESENT SEAL: _____

- Sample Included Seal profile drawing included Housing drawing included

CUSTOMER INFORMATION

<input type="checkbox"/> Static	Temperature			
<input type="checkbox"/> Dynamic	Pressure			
<input type="checkbox"/> Reciprocating	Stroke			
<input type="checkbox"/> Oscillatory	Cycle			
<input type="checkbox"/> Rotary	R.P.M.			
<input type="checkbox"/> Single Acting	Speed			
<input type="checkbox"/> Double Acting	Sideload			

MEDIUM _____

HARDWARE

- GLAND DESIGN Separable Non-Separable Adjustable Fixed Cavity
 PISTON DESIGN Solid Split
 WIPER Snap In (Type _____) Press Fit (Bore _____, Recess _____)
 WEAR RING Required Not Required

	MM/INCH	Tolerance	Hardness	Surface Finish	Material
Bore Diameter					
Rod Diameter					
Groove Diameter					
Piston Diameter					
Groove Width					

PROBLEM WITH PRESENT SEAL

- Delivery Installation Dimensional Quality Other (please explain) _____
 Short Life Excessive Wear Price _____
 Material Failure Excessive Leakage Supplier Service _____

HARDWARE

