



RAM INDUSTRIES INC.

33 York Road East PO Box 5007 Yorkton SK S3N 3Z4 CANADA
Tel: 306.786.2677 Toll Free: 1.877.799.1005 Fax: 306.786.2651 www.ramindustries.com

CUSTOMER INFORMATION:

NEW CUSTOMER

CURRENT CUSTOMER

COMPANY NAME: _____
STREET ADDRESS: _____ CITY: _____ PROV/ST: _____ POSTAL CODE/ZIP: _____
PHONE: _____ FAX: _____ WEBSITE: _____
CONTACT PERSON: _____ TITLE: _____ EMAIL: _____
2nd CONTACT PERSON: _____ TITLE: _____ EMAIL: _____

APPLICATION DATA:

CUSTOMER PART NUMBER: _____ MODEL NAME: _____
DESCRIPTION: _____
CYLINDER APPLICATION: _____
WILL THE CYLINDER BE USED FOR:
PUSHING? _____ PULLING? _____ HOLDING? _____ IS THERE ANY SIDE LOAD ON THE CYLINDER? _____

QUOTE REQUIREMENTS

DRAWING ATTACHED? _____ DATE CYLINDERS REQUIRED: _____ PREFERABLE SHIPPER/CARRIER: _____
QUANTITY REQUIRED PER ORDER: _____ NUMBER OF ORDERS PER YEAR: _____ FREQUENCY OF ORDERS: _____

COMMENTS

DIMENSIONAL INFORMATION (INCHES):

BORE DIAMETER: _____ STROKE: _____ ROD DIAMETER: _____
RETRACTED LENGTH: _____ RETRACTED LENGTH TOLERANCE: _____ STROKE TOLERANCE: _____

OPERATING PRESSURE AND FLOW RATES:

FLOW RATE INTO CYLINDER EXTENDED (GPM): _____ FLOW RATE INTO CYLINDER RETRACTED (GPM): _____
SYSTEM PRESSURE MAX (PSI): _____
MINIMUM LOAD INDUCED PRESSURE EXTENDED (PSI): _____ MAXIMUM LOAD INDUCED PRESSURE EXTENDED (PSI): _____
MINIMUM LOAD INDUCED PRESSURE RETRACTED (PSI): _____ MAXIMUM LOAD INDUCED PRESSURE RETRACTED (PSI): _____
PRESSURE SPIKES EXTENDED? (YES/NO) _____ IF YES, MAXIMUM PRESSURE (PSI): _____
PRESSURE SPIKES RETRACTED? (YES/NO) _____ IF YES, MAXIMUM PRESSURE (PSI): _____

OPERATING TEMPERATURE (FAHRENHEIT)

AMBIENT TEMPERATURE MINIMUM: _____ AMBIENT TEMPERATURE MAXIMUM: _____
SYSTEM TEMPERATURE CONTINUOUS: _____ MAXIMUM SYSTEM TEMPERATURE INTERMITTENT: _____

LIFE REQUIREMENTS

COLUMN STRENGTH FACTOR OF SAFETY, MINIMUM: _____ EXPECTED LIFE (YEARS): _____
ESTIMATED NUMBER OF CYCLES PER DAY (24 HRS) : _____ ESTIMATED NUMBER OF CYCLES PER YEAR: _____

CUSHIONING

EXTEND CUSHION? _____ IF YES, LENGTH OF CUSHION: _____
RETRACT CUSHION? _____ IF YES, LENGTH OF CUSHION: _____

CYLINDER ROD TYPE

HARD CHROME PLATED, 0.0005 MINIMUM? _____ OTHER PREFERRED CHROME THICKNESS: _____
NITROSTEEL SHAFT? _____ INDUCTION HARDENED SHAFT? _____
OTHER? PLEASE EXPLAIN: _____



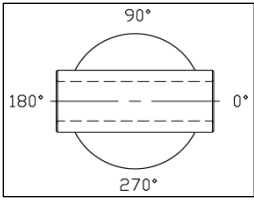
RAM Request for Quote

PAINT

PRIMER ONLY? _____

PAINT COLOUR REQUESTED: _____ PAINT FINISH? _____

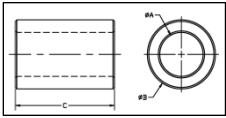
PORTING



EXTEND PORT SIZE/TYPE: _____ LOCATION: _____

RETRACT PORT SIZE/TYPE: _____ LOCATION: _____

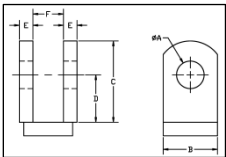
MOUNTING OPTIONS



CROSS TUBE STYLE

ROD MOUNT: A: _____ B: _____ C: _____

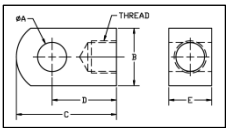
BASE MOUNT: A: _____ B: _____ C: _____



CLEVIS STYLE

ROD MOUNT: A: _____ B: _____ C: _____ D: _____ E: _____ F: _____

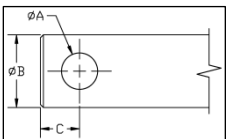
BASE MOUNT: A: _____ B: _____ C: _____ D: _____ E: _____ F: _____



TANG STYLE

ROD MOUNT: A: _____ B: _____ C: _____ D: _____ E: _____ THREAD SIZE: _____

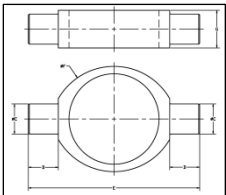
BASE MOUNT: A: _____ B: _____ C: _____ D: _____ E: _____ THREAD SIZE: _____



HOLE THROUGH ROD STYLE

ROD MOUNT: A: _____ B: _____ C: _____

BASE MOUNT: A: _____ B: _____ C: _____



TRUNNION MOUNT STYLE

ROD MOUNT: A: _____ B: _____ C: _____ D: _____ E: _____ F: _____ G: _____

BASE MOUNT: A: _____ B: _____ C: _____ D: _____ E: _____ F: _____ G: _____

HOLDING VALVES/CAVITIES

EXTEND SIDE: _____ EXTEND PN: _____ EXTEND MFR: _____ EXTEND CAVITY: _____

RETRACT SIDE: _____ RETRACT PN: _____ RETRACT MFR: _____ RETRACT CAVITY: _____

ADDITIONAL DESIGN COMMENTS/REQUIREMENTS