







Custom Gearing “Request For Quotation” Form

Company Name _____
 Address _____
 City/State _____ Zip _____
 Tel. No. _____ Fax No. _____
 Contact Name _____
 email _____

Date _____
 Ref. _____
 Quantity Req. _____
 P.O. No. _____

	Gear Type					
						
	Spur	Helical	Miter	Bevel	Worm	Worm Gear
No. of Teeth						
Pitch (DP, CP MOD)						
Pressure Angle						
Helix Angle						
Hand (LH, RH)						
Material						
Face Width						
Length Through Bore						
Hub Diameter						
Hub Projection						
Bore Diameter						
Keyway						
Setscrew(s)						
Teeth in Mating Gear						
Center Distance						
Mounting Distance						
No. of Starts (Thread)						
Outside Diameter						
Heat Treat — Yes/No						
Depth of Hardness						

Special Information _____



FAX to 800-387-0130. Or give us a call at 800-816-5608.