PRECISION INNOVATIONS inc.

REQUEST FOR QUOTATION

Fill in this form and fax to Precision Innovations Inc. at the number below.

Customer Name:_____ Phone: _____

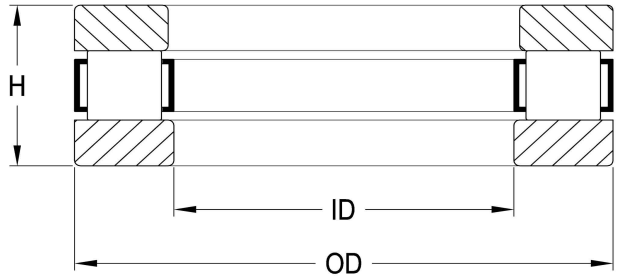
Company: _____ Fax: _____

Height, **H**, will govern roller size, and thus the overall capacity. If **H** is not specified, roller size will be selected to maximize capacity, and **H** will be specified by Precision Innovations.

If tolerances are not specified, they will be applied as follows:

Inside Diameter, **ID** $^{+.005}_{-.000}$ Outside Diameter, **OD** $^{+.000}_{-.005}$ Height, **H** $^{+.005}_{-.005}$

CYLINDRICAL THRUST BEARING



ID = _____ + /- _____ inches

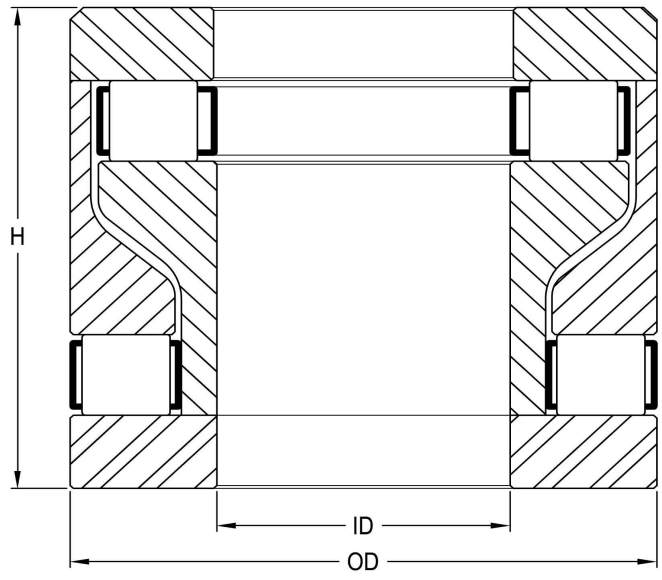
OD = _____ + /- _____ inches

H = _____ + /- _____ inches

RPM = _____

LOAD = _____ pounds

THRUST BEARING STACK



ID = _____ + /- _____ inches

OD = _____ + /- _____ inches

H = _____ + /- _____ inches

RPM = _____

LOAD = _____ pounds

** Note: Minimum quantity on all custom orders is 10 assemblies.

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