

CAC Associates

www.cacus.org

Cylinder Request Form

Company: _____	Name: _____
Address: _____	Date: _____
City/State/Zip: _____	Email: _____
Phone/Fax: _____	Website: _____

CYLINDER SPECIFICATIONS

Single or Double Acting: _____ Quantity: _____

Max. Pressure: _____ Extend/Retract Pressure: _____ / _____

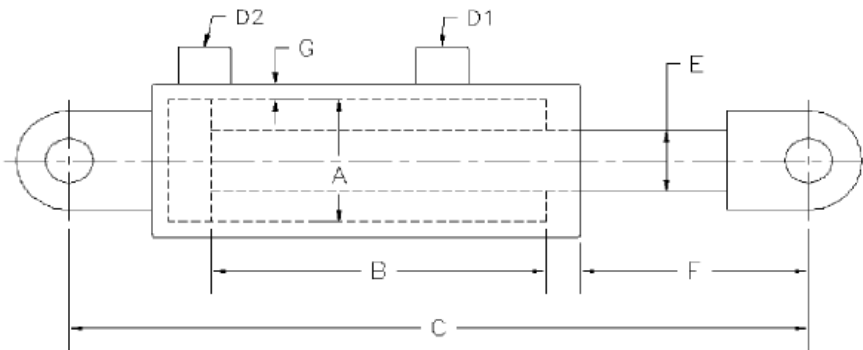
Surge Pressure: _____ Need valve for holding?: _____ Cycling: _____

Flow Rate: _____ Fluid Medium: _____ Fluid Temp.: _____

Chrome Thickness on Rod / SS Rod / Nitro Rod: _____

Environment: _____

Side Loading: _____



CYLINDER DIMENSIONS

_____ A = Bore	_____ D2 = Port Size
_____ B = Stroke	_____ E = Rod Diameter
_____ C = Retracted Length	_____ F = Rod Extension
_____ D1 = Port Size	_____ G = Tube Wall Thickness
_____ Stop Tube Length	

Notes: _____

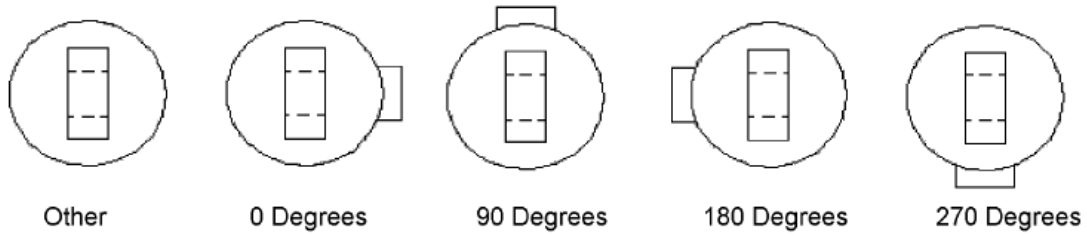
Phone: (865)804-4527
engineering@cacus.org

Fax: (865)691-0108
www.cacus.org

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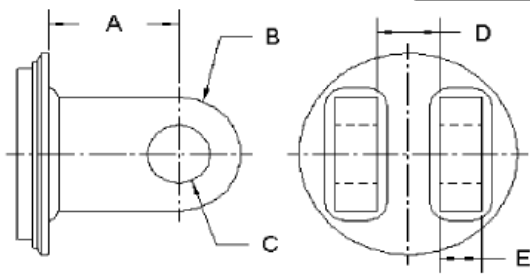
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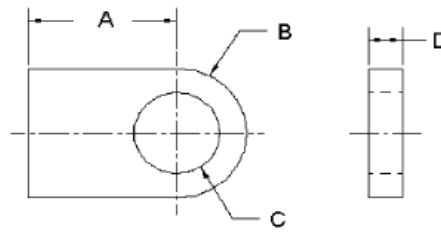
Extend Port: _____ Retract Port: _____

(Note: port rotation veiwed from base end.)

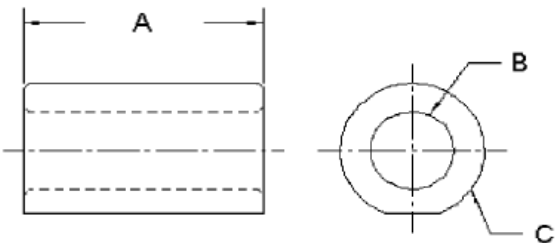
END MOUNT OPTIONS



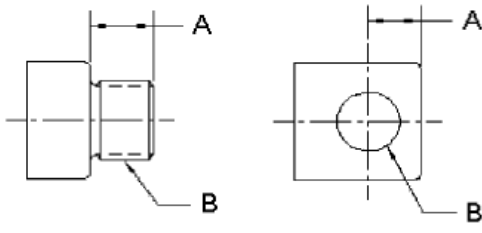
CLEVIS



LUG



PINEYE



THREADED ROD HOLE THRU ROD

Base Mount: _____ A _____ B _____ C _____ D _____ E _____

Rod Mount: _____ A _____ B _____ C _____ D _____ E _____

Notes: _____

