

CYLINDER APPLICATION SHEET

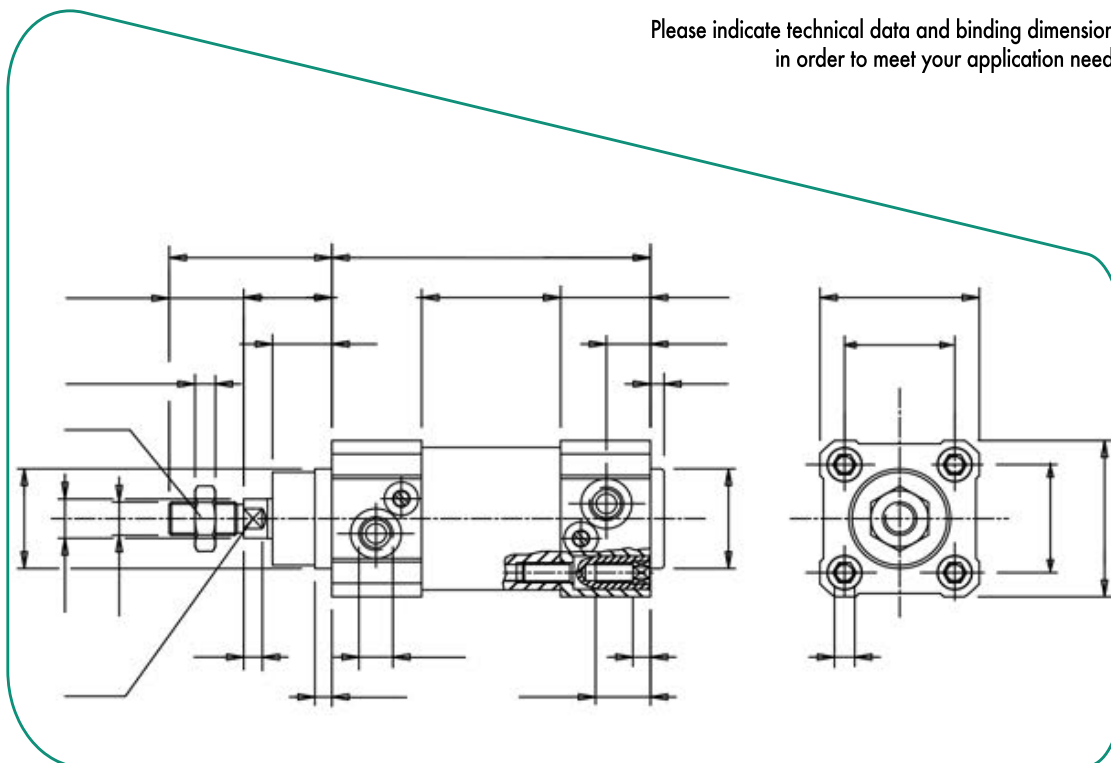


CUSTOMER

Name	Phone
Address	E-mail

APPLICATION DESCRIPTION

Please indicate technical data and binding dimension in order to meet your application needs



QUANTITY

Order _____

Yearly _____

TECHNICAL DATA

Bore _____

Stroke _____

TUBE ☐ ☐ ☐ ☐

SEALS

☐ NBR ☐ PUR ☐ FKM

☐ _____

SHAFT

☐ Steel C40 with chrome coating ☐ Inox with chrome coating

☐ Inox AISI 303 ☐ Inox AISI 316

☐ _____

WORKING PRESSURE min _____ max _____

WORKING TEMPERATURE min _____ max _____

CYCLES RATE min _____ max _____

PAYLOAD

WORKING ENVIROMENT

FLUID TYPE



LUBRICATION

TREATMENTS

☐ Double effect ☐ Simple effect

☐ ☐

Spring force min _____

WORKING

STANDARD FIXING

