

CLAMP-ON ADAPTER QUOTE WORKSHEET

Company Name: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Email: _____

Extruder Make/Size: _____

Extruder Model/Size: _____

Note: Please provide reference print if available.

Special Requirements:

- Pressure Transducer Port Required
- Port Orientation Requirements

Material:

- 420 Stainless Steel
- C-276 Hastelloy
- Other (specify) _____

Dimensions:

(Please specify separately if more than one size required)

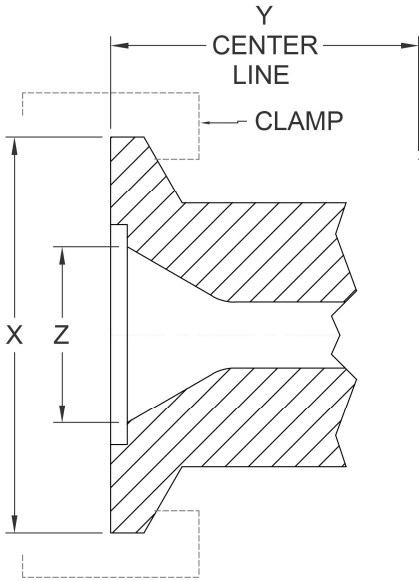
Refer to STANDARD CLAMP ON ADAPTER DRAWING

Adapter OD (X): _____

Centerline (Y)*: _____

Extruder Size (Z): _____

*Centerline (Y) dimension does not apply to In-line Dies



CLAMP-ON ADAPTER DRAWING

Specify quantities requested and any special instructions: