



**Gemini Gas Springs Inc.**

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# ENQUIRY FORM

<input type="checkbox"/> Thread: M <input type="checkbox"/> Eye bore Ø: <input type="checkbox"/> Clevis bore/bolt Ø:  <input type="checkbox"/> Ball joint thread: <input type="checkbox"/> Ball joint QR thread: <input type="checkbox"/> Plastic ball socket ball Ø: <input type="checkbox"/> Metal ball socket ball Ø: <input type="checkbox"/> Metal ball socket pin clip ball Ø: <input type="checkbox"/> Rod end bearing bore Ø:	<p style="text-align: center;"><b>Gemini Gas Compression Springs™</b></p> <p style="text-align: center;">EL1 without end fittings          EL2 center to center bore/ball end fittings</p>	<input type="checkbox"/> Thread: M <input type="checkbox"/> Eye bore Ø: <input type="checkbox"/> Clevis bore/bolt Ø:  <input type="checkbox"/> Ball joint thread: <input type="checkbox"/> Ball joint QR thread: <input type="checkbox"/> Plastic ball socket ball Ø: <input type="checkbox"/> Metal ball socket ball Ø: <input type="checkbox"/> Metal ball socket pin clip ball Ø: <input type="checkbox"/> Rod end bearing bore Ø:
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Ø D1	:	
Ø D2	:	
Stroke (S)	:	
Extended length (EL1)	:	
Extended length (EL2)	:	
Cylinder length (CL)	:	
Force F1 20°C (-20/+40N)	:	
Speed	:	Normal <input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/>
Working temp.	:	Normal <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/>
Damping	:	No <input type="checkbox"/> Normal <input type="checkbox"/> Strong <input type="checkbox"/>
Material	:	Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/>
Bleed-off Valve (Y/N)	:	
Mounting in any position (Y/N)	:	
Private label (Y/N)	:	If yes please send sample
Additional information	:	

Company name : \_\_\_\_\_

Contact person : \_\_\_\_\_

Address : \_\_\_\_\_

City, Postal code : \_\_\_\_\_

Country : \_\_\_\_\_

Phone/ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

Quantity : \_\_\_\_\_

Delivery time : \_\_\_\_\_

This drawing is our exclusive property. Without our consent it is not allowed to copy or communicate with third parties.		Scale: N/A	Gas Compression Spring
Rev.	Date	Date	19.06.12
		Dr.	HB
		Norm	
		Tolerances: See notes	Tel: +1 778 475-5611 Fax: +1 877 554-6024 Toll free: +1 877 638-0762
<b>Gemini Gas Springs Inc.™</b>			
Vernon BC Canada			