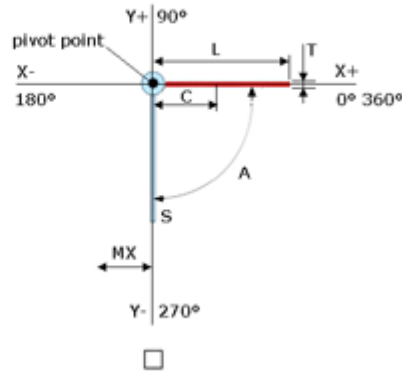
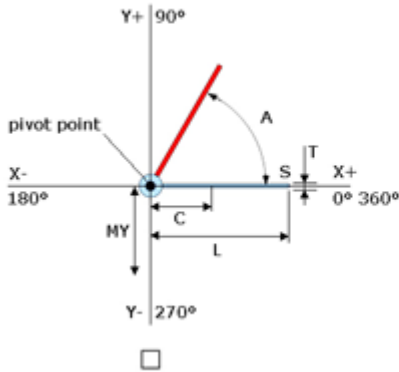




## B006 Request for calculation

Gemini Gas Springs Inc.  
 P.O. Box 1023  
 Vernon BC V1T 6N2  
 Phone: +1 778 475-5611  
 Fax: +1 877 554-6024  
 Email: info@geminigasprings.com



W:	Weight	_____	Pounds	<input type="checkbox"/>	KG	<input type="checkbox"/>
A:	Opening angle	_____	Degrees			
C:	Centre of gravity	_____	Inch	<input type="checkbox"/>	MM	<input type="checkbox"/>
L:	Length	_____	Inch	<input type="checkbox"/>	MM	<input type="checkbox"/>
S:	Angle of starting point	_____	Degrees			
MX/MY:	Available space for mounting	_____	Inch	<input type="checkbox"/>	MM	<input type="checkbox"/>
T:	Thickness of flap, hatch etc	_____	Inch	<input type="checkbox"/>	MM	<input type="checkbox"/>

Gas compression spring

Gas traction spring

Lockable gas spring

Lockable gas traction spring

Required connecting parts: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

Please be advised that all dimensions must be measured from pivot point. Client is solemnly responsible for examining the suitability of this proposal, we do not accept any liability for direct or indirect damages or losses of whatever nature. By approval of our calculation it is to be deemed that the client has examined our proposal on suitability for his application.

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

Name: \_\_\_\_\_

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

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

Project: \_\_\_\_\_