



CYLINDER QUOTATION FORM

Return via fax to HSI Corporation (601) 764-3384

Business Name _____ Contact _____

Mailing Address _____

Shipping Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Quote Date _____ Required Date _____ Quantity _____

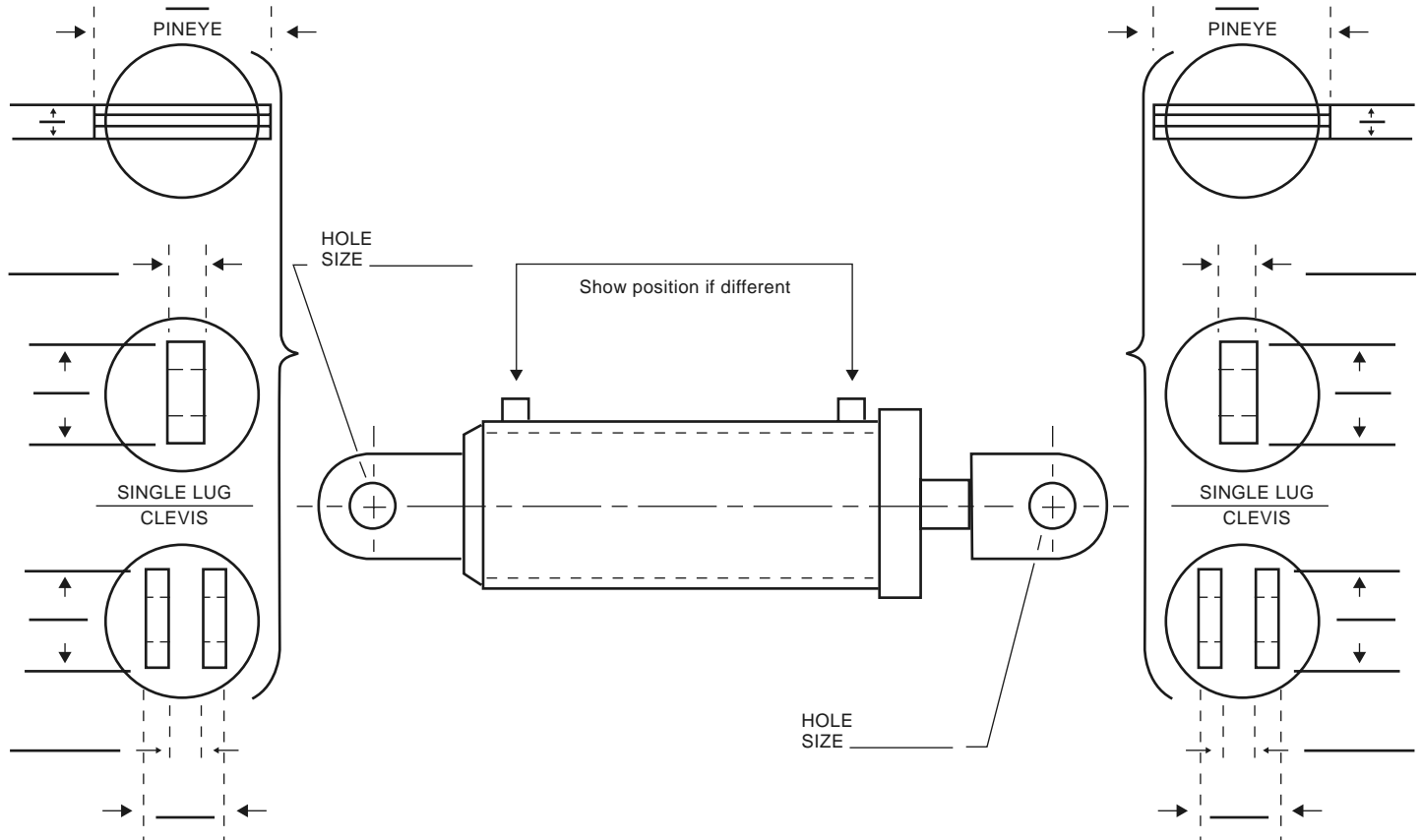
Operating Pressure _____ Application _____

Closed Pin Centers _____ Port Sizes and Type _____

Bore Size _____ Stroke _____ Rod Size _____

Other information needed to quote:

Use diagram to sketch flange mount, trunnion mount, foot mounts, or any other custom mounting needed.



Date ordered _____

Purchase order number _____