



D. L. MARTIN CO.

25 E. Harbaugh Drive, Mercersburg, Pennsylvania 17236
Phone (717) 328-2141 / FAX (717) 328-5919

DLM# _____

ROPED AND HOLELESS JACK QUOTE/ORDER WORKSHEET

QUOTE INFO:

FORM COMPLETED BY: _____ DATE ___/___/___

PHONE _____ - _____ - _____ FAX _____ - _____ - _____

EXISTING JACK SIZE (If replacement jack order): (plunger dia.) _____ X (wall thk.) _____

TOTAL STROKE (Floor to Floor Travel + Top Runby + Bottom Undertravel): _____

Bottom Undertravel= Bottom Runby + Buffer Stroke + Tolerance Needed

*CAR WEIGHT: _____ CAR CAPACITY: _____

HOLELESS JACK

ROPED JACK

ROPED OR HOLELESS JACK OPTIONS (check if required):

- Dual Jack Configuration
- Seamless Plunger
- Seamless Plunger and Cylinder
- Stop Sleeve/Ring (Current Travel with Sleeve _____)

ROPED JACK INLET: (check one if ROPED JACK specified)

- Side Inlet
- Bottom Inlet

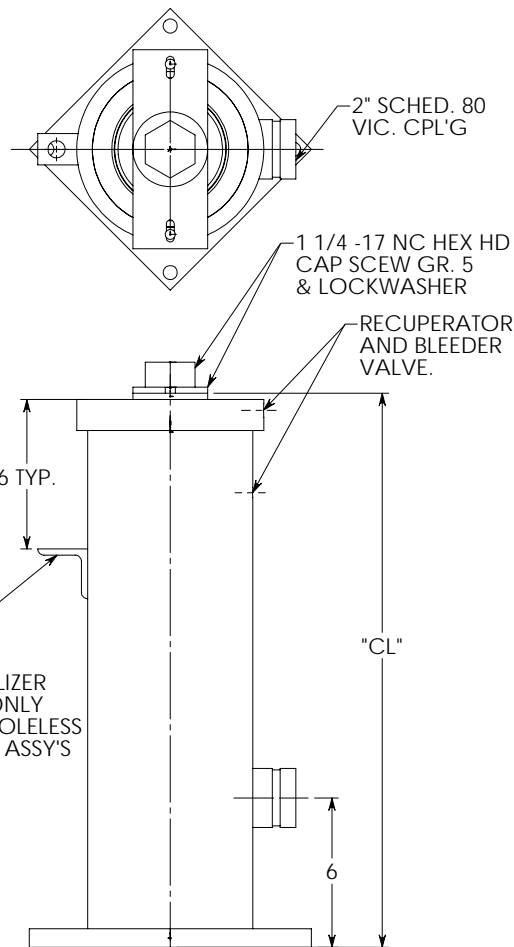
ROPED JACK ONLY - # OF SECTIONS: _____

*Car weight can be estimated for quoting purposes. However, the customer is responsible for verifying the actual car weight does not exceed the estimate. Failure to make sure the car weight figure is adequate can result in an insufficient jack being purchased for the job.

SHIP TO: _____

BILL TO: _____

Fax completed form to: 717-328-5919



TYP. SIDE INLET HOLELESS JACK SHOWN

CL = TOTAL STROKE + 5.89" FOR ALL HOLELESS JACKS
 CL = TOTAL STROKE + 5.46" FOR 4.50" ROPED JACKS
 CL = TOTAL STROKE + 5.89" FOR 4.0" & 5.0"-8.0" ROPED JACKS

NOTICE: Failure to provide all requested information could result in delays, once the jack order is placed. A final jack layout approval sheet will be faxed to the person completing this form before the jack goes into production. If the order is for a replacement jack please provide any drawings or documentation, from the original jack, that may be useful.