

Application Worksheet

At EFDYN, we want our customers to be totally satisfied with their purchase. Therefore, each EFDYN Shock Absorber is tailored to your load requirements regardless of whether it is a standard or a custom-orificed unit. In order to do so, the following data is necessary to ease the process of sizing and selecting your ideal shock absorber.

Email: sales@efdyn.com

Fax: 918-835-3334

Please email or fax worksheet to EFDYN, and we will send you a detailed assessment of your application and product proposals. If you are interested in a custom designed shock, please indicate any special information or a sketch/drawing on a separate sheet. An EFDYN representative will contact you for additional information if required.

Contact Information					
Name: Phone No.:					
Fax No.: Email:					
Dato:					
Industry / Dradusts					
Application Information					
Description:					_
Direction of Motion:	O Horizontal OVertical (up/down)	•		O Incline(2)
Position of Shock if Vertical:	• • • • • • • • • • • • • • • • • • • •	O Rod Down			
Weight (Min./Max.):				(lbs.	•
Impact Velocity (Min./Max.)	·				
Cycle Rate:					•
Propelling Force (if any):	O Air Coll.	Dove /in	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(lbs.	•
Type of Propelling Force:	O Air Cyl.: O Hydraulic Cyl.:			Rod dia(in.) Rod dia(in.)	
	O Motor:			(inlbs.	
No. of Shocks to Take Load:		-	_		,
Desired Stroke of Shock(s):				/:	.)
G Load Requirements:				(G)	•
Desired Return Method:	O Air O Spr	ing	O Mechanical		
Desired Mounting Style:	O Threads O Fro	nt flange	ORear flange	O Clevis	
	O Foot (lug) mount		O Other:		
Ambient Temperature:					F
Operating Environment Cond	cerns:				_
Special Fluid Requirements:					

PLEASE INCLUDE ANY APPLICATION SKETCHES OR ADDITIONAL NOTES ON SEPARATE PAGE.