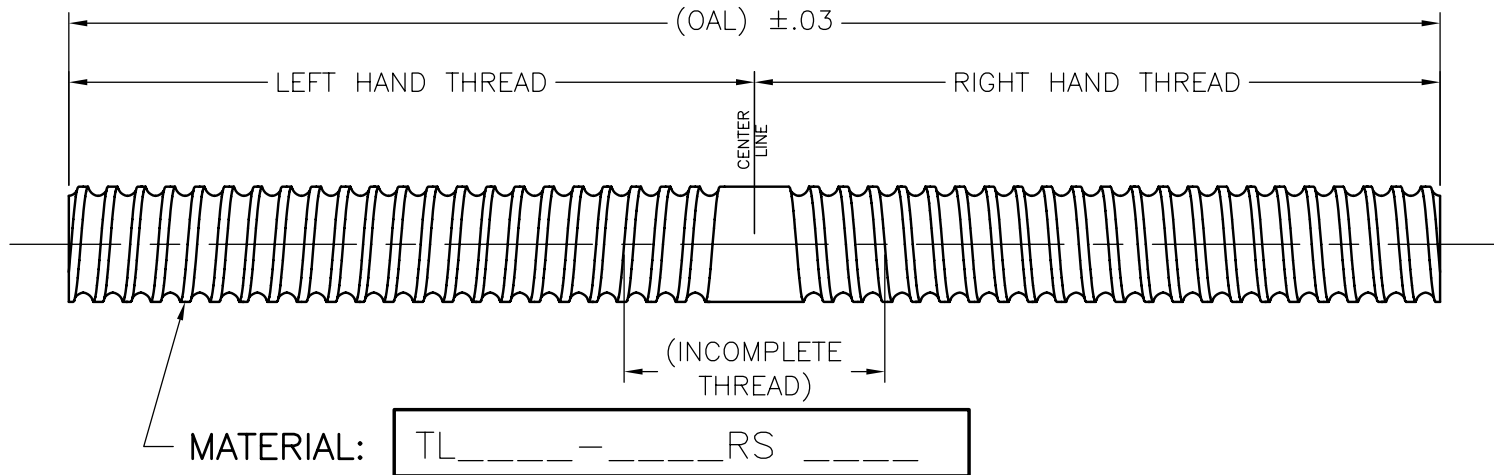


ITEM	DESCRIPTION
OVERALL LENGTH (OAL):	
L.H. THREAD:	
R.H. THREAD:	
INCOMPLETE THREAD:	



DRAWING # \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 CUSTOMER: \_\_\_\_\_

UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES TOL ON ANGLE ±1° 1 PL ±.030 2 PL ± .015 3 PL ± .005 125✓ INTERPRET DIM AND TOL PER ASME Y14.5M - 1994		DR BY: _____ DATE: _____ CHK'D BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____	<b>NOOK</b> THE LINEAR MOTION PEOPLE NOOK INDUSTRIES, INC. 4950 EAST 49TH STREET CUYAHOGA HEIGHTS, OHIO 44125-1016 USA	
THIRD ANGLE PROJECTION		THIS DRAWING IS THE PROPERTY OF NOOK INDUSTRIES INC. AND CANNOT BE REPRODUCED WITHOUT THE EXPRESSED WRITTEN CONSENT OF NOOK INDUSTRIES INC.	TITLE TWIN LEAD BALL SCREW	
			SIZE B CAGE CODE 57855 SCALE: N/A	DWG NO. TLBS-TMPLT REV - SHEET 1 OF 1

customer reference: \_\_\_\_\_

# Request for Quotation



Fax: 216.271.7020

Date: \_\_\_\_\_

Pages (including this cover): \_\_\_\_\_

Customer: \_\_\_\_\_

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

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

Template Name

Quantity

_____	_____
_____	_____
_____	_____

Fax a copy of your drawing or select a template that best matches your application requirements.

1. Fill in all available data with tolerance in either inch or metric units.
2. If a specification is not on the template add it, the applicable dimensions and tolerances.
3. If a specification is not required but is on the template, draw a line through it, and mark the item description with N/A.
4. Include additional notes to the template to aid in quoting and manufacturing.

Fax this cover sheet along with template drawing to **CUSTOMER SERVICE AT: 216.271.7020**

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