

CUSTOM SHEAVES



REQUEST FOR QUOTATION

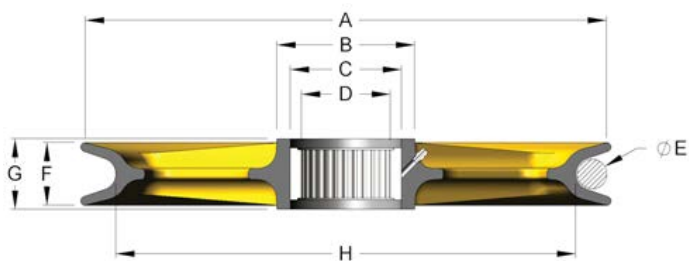
Name _____ Company _____ Date _____

Address _____

Telephone _____ Fax _____ E-mail _____

1. Specify type (description, application): _____ Quantity _____

2. Specify dimensions:



Outside diameter (A)	
Tread diameter (H)	
Shaft diameter (D)	
Rim width max (F)	
Hub O.D. (B)	
Hub Width (G)	
Hub bore dia. (C)	
Rope or chain size (E)	

3. Specific bearing type:

Plain bore _____ Roller _____ Tapered roller _____ Composite _____ Bronze _____

Other _____

4. Specify where applicable:

Base material _____ Finish _____

To industry standard _____

Special testing _____

Groove hardness _____ Third party inspection _____

Other _____

Call or e-mail to:

Miller Lifting Products
 100A Sturbridge Rd. Charlton, MA 01507 USA
 T. +1.508.248.3941
 E-mail: sales@millerproducts.net