

Company Name:		Date:
Address:		
City:	State, Zip:	Country:
Phone:	Fax:	E-Mail:
Customer Contact Name:		Quantity:

**SWIVEL**

- Angular Contact Bearing
- Tapered Roller Bearing

**SWIVEL STYLE**

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Jaw & Hook | <input type="checkbox"/> Eye & Jaw  | <input type="checkbox"/> Bullet Jaw & Jaw (ACBS only) |
| <input type="checkbox"/> Jaw & Jaw  | <input type="checkbox"/> Eye & Eye  |   |
| <input type="checkbox"/> Jaw & Eye  | <input type="checkbox"/> Eye & Hook |   |

**APPLICATION INFORMATION**

WLL required: \_\_\_\_\_ Hook Size: \_\_\_\_\_

**FREQUENCY OF USE**

Continuous: \_\_\_\_\_ Intermittent: \_\_\_\_\_ One Time: \_\_\_\_\_

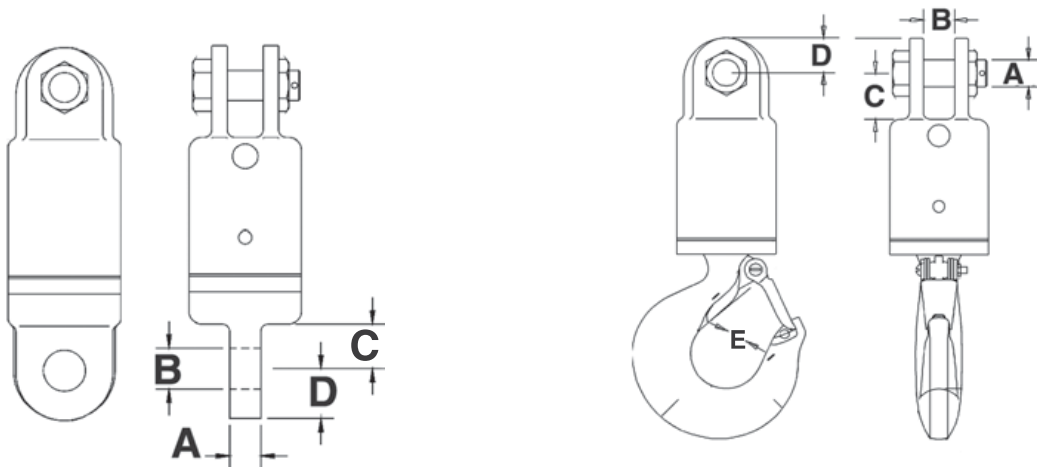
**SPECIAL REQUIREMENTS**

Special Testing: \_\_\_\_\_

Finish: \_\_\_\_\_

Third Party Inspection / Approval: \_\_\_\_\_

(If 3rd Party Inspection or Approval is required, please refer to page 451-452.)



Dimensions for Eye

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_

Dimensions for Jaw

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_ throat opening