

PRINT ORDER FORM - GARDAN WAY PROTECTORS

Mail or Fax to: GARDAN MANUFACTURING CO., Inc.
P.O. Box 34, New Castle, PA 16103
Fax: 724-652-8210

Company: _____

Date: _____

Street: _____

Please Note If You Require Quotation Only: _____

City, State, Zip: _____

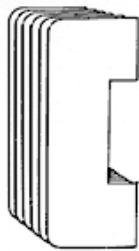
Quantity: _____

Phone/Fax: _____

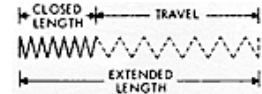
Your Order No.: _____

Attention of: _____

Dwg. No. _____

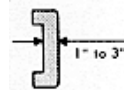


1. Fill in all required way dimensions, also showing any obstructions which would interfere with the protector.
2. Specify extended and closed length requirements or indicate travel and we will advise closed length. Extended length = Closed Length + Travel.
3. Indicate Type of Service.



- Normal (Small Particles, Occasional Large Chips, Light Oil)
- Coolants or Cutting Oils
- Heavy Chip Load

BELLOWS WIDTH: cross-sectional width of way protector can vary from 1" to 3", depending upon clearance and closed length requirements.



FLAT WAY

1. _____
2. _____

LARGE BEDWAY

1. _____
2. _____
3. _____
4. _____
5. _____

DOVETAIL WAY

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

FOR HORIZONTAL WAY

Number Req'd _____
Extended _____
Travel _____
Closed _____

CROSS-RAIL

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

TYPE A **TYPE B** Number Req'd _____
Extended _____
Travel _____
Closed _____

TABS WITH BRASS GROMMETS USED WHEN PROTECTOR MUST BE SUPPORTED BY A CABLE OR WIRE

"H" TYPE WAY PROTECTOR
USED ON SELF SUPPORTING PROTECTOR INTERNAL GUIDES AND SUPPORTS

INDICATE TYPE OF SERVICE: DIRT WATER TEMP. RANGE

