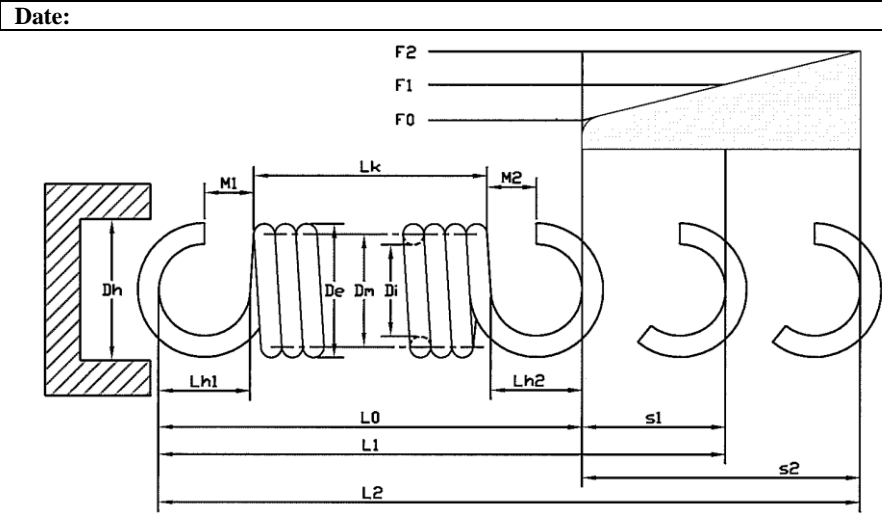


RESSORTS DURY : Extension Spring Form
 Please fill in the form below and send it to us by
 Fax : 0033 5 55 89 69 01 or E-mail: contact@ressorts-dury.fr

Company:	Contact:
Address:	
Post code/Town:	
Tel :	Fax:
E-mail:	



Data (mm) and Production tolerances

Loads F1 and F2 in : daN N Kg

L0: Free length: _____ (+ / -)
 L1: Length 1: _____
 Subjected to the load F1: _____ (+ / -)
 L2: Length 2: _____
 Subjected to the load F2: _____ (+ / -)
 F0: Initial tension: _____ (+ / -)
 Max. Use length: _____

S1: stroke from L0 to L1: _____
 S2: stroke from L0 to L2: _____
 De: Outside diameter: _____ (+ / -)
 Di: Inside diameter: _____ (+ / -)
 Dm: Mean diameter: _____ (+ / -)
 Lk: Body length: _____

M1: Loop opening 1: _____
 M2: Loop opening 2: _____
 Lh1: Loop inside length 1: _____
 Lh2: Loop inside length 2: _____
 Spring rate : _____
 Dh: Hole diameter: _____

The Ends:

1. German loop	2. English loop	3. Side loop	4. Extended loop	5. Extended hook	6. Mobile hook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Half loop	8. Double loops	9. Without loop	10. Screwed plug	11. Screwed sheet	12. Screwed rod
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Angle between loops:

0° 90° 180° 270° Other: _____

<input type="checkbox"/> Round wire Diam.:	<input type="checkbox"/> Square wire Section:
No. of active coils:	Pitch:
Raw material: <input type="checkbox"/> Steel <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Stainless steel Grade: _____	
<input type="checkbox"/> Other: _____	
Winding direction: <input type="checkbox"/> Right Hand <input type="checkbox"/> Left hand <input type="checkbox"/> Either	
Surface Treatment: <input type="checkbox"/> Zinc-coated: thickness = _____ <input type="checkbox"/> Shot peening <input type="checkbox"/> Passivated	
<input type="checkbox"/> Metal-cleaning/Passivated <input type="checkbox"/> Lubricated <input type="checkbox"/> Deburring <input type="checkbox"/> Phosphated	
<input type="checkbox"/> Other: _____	
Specific requirements: (Scratch, streak, prohibited elements...)	
Surroundings: (contact with oil, water...):	
Use Temp. °C:	Expected lifetime:
mini : _____ maxi : _____	Frequency: _____ Amplitude: _____
Quantity:	
Deadline:	Specific packaging:
Spring's function:	
Reference:	Issue: _____ Designation: _____

Scheme/Comments: