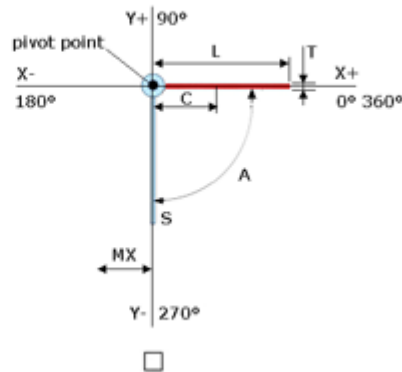
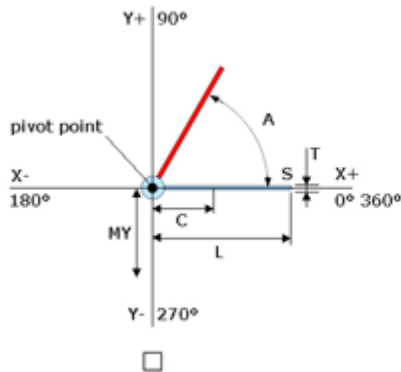




B006 Request for calculation

Gemini Gas Springs Inc.
1-6276 Pleasant Valley Rd
Vernon BC V1B 3R3
Phone: +1 778 475-5611
Fax: +1 877 554-6024
Email: info@geminigasprings.com



W:	Weight	_____	Pounds	☐	KG	☐
A:	Opening angle	_____	Degrees			
C:	Centre of gravity	_____	Inch	☐	MM	☐
L:	Length	_____	Inch	☐	MM	☐
S:	Angle of starting point	_____	Degrees			
MX/MY:	Available space for mounting	_____	Inch	☐	MM	☐
T:	Thickness of flap, hatch etc	_____	Inch	☐	MM	☐

Gas compression spring ☐

Gas traction spring ☐

Lockable gas spring ☐

Lockable gas traction spring ☐

Required connecting parts: _____

Quantity: _____

Remarks: _____

Please be advised that all dimensions must be measured from pivot point. Client is solemnly responsible for examining the suitability of this proposal, we do not accept any liability for direct or indirect damages or losses of whatever nature. By approval of our calculation it is to be deemed that the client has examined our proposal on suitability for his application.

Company: _____

Name: _____

Phone/Fax: _____

Email: _____

Project: _____