



Product Recommendation Form

Customer Information: _____ Date: _____
 Company: _____ Contact: _____
 Address: _____ Phone: _____
 _____ : _____

Size	I.D.		O.D.	Overall Length	Tolerance
Temperature	Material being Conveyed			Outside Exposure	
	Min. (°F or °C)		Max. (°F or °C)	Min. (°F or °C)	Max. (°F or °C)
Application	Type of Service				
	Indoor/Outdoor		Flexibility Required	External Conditions	
	Intermittent/Continuous Use			Electrical Static Conductive	
Material	Type of Service				
Pressure	Working Pressure		W.P. Incl. Surges	Burst Pressure	Vacuum Required
Ends	End	Style	Attachment Method	Material	Threads/Bolt Hole
	#1				
	#2				
Delivery	Quantity		Date Required	Ship Via	
	Required Testing			Required Certification	
Special Requirements	Color		Private Branding		Special Packaging
Other Information					

PRODUCT RECOMMENDATION FORM



Call Toll Free: 1-866-711-4673
 WebSales@GoodyearRubberProducts.com

We Ship World Wide