

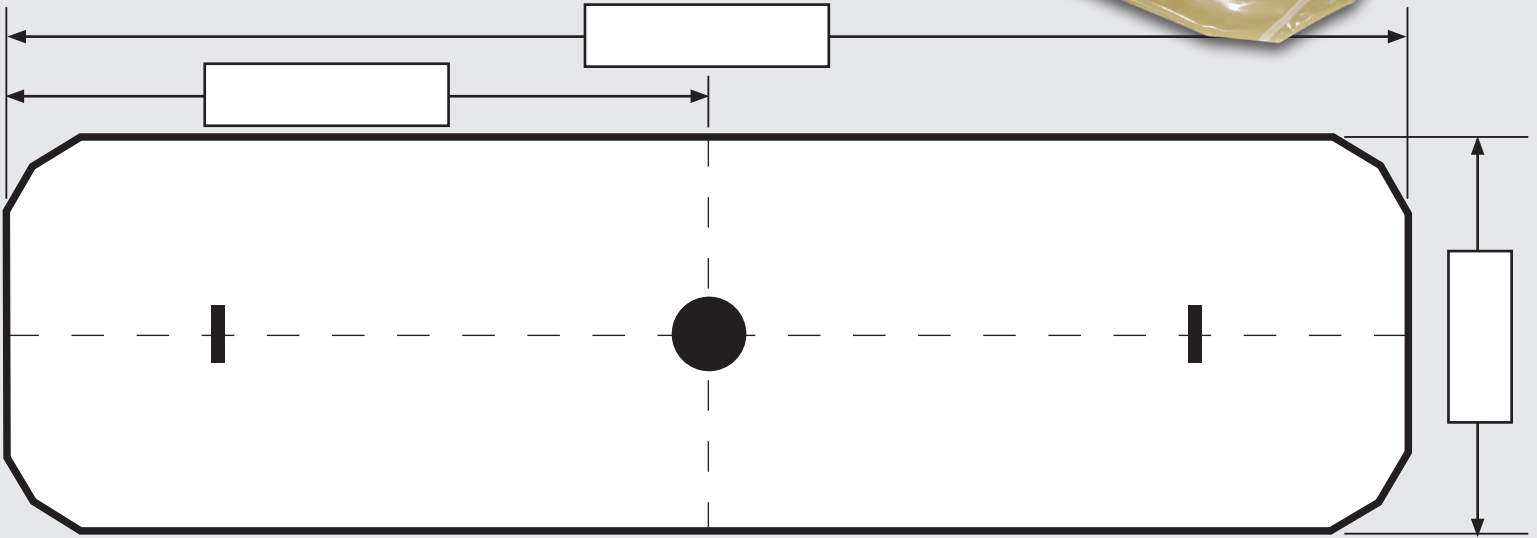
COMPANY NAME: _____ CONTACT: _____

TELEPHONE: _____ EMAIL: _____



DS-645
3x16

Empty (Deflated) Bladder Dimensions



TRANSFORMER MFG: _____ ORIGINAL AIR CELL BLADDER MFG (IF KNOWN): _____

LIST ANY P/N's OR DESIGNATIONS APPEARING ON BLADDER: _____

Fitting Style & Orientation

4 Bolt	6 Bolt	Other
		<i>Other: Fill In Your Own</i>

Fabric Hanger; Location & Orientation

Lateral Loop	Longitudinal Loop
None <input type="text"/>	None <input type="text"/>
Quantity: <input type="text"/>	Quantity: <input type="text"/>
Example 1:	Example 1:
Example 2:	