

# Corrugated Tubing

## RFQ (print and email/fax)



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**Company:** \_\_\_\_\_  
**Contact:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Application <input type="checkbox"/> Electrical <input type="checkbox"/> Medical <input type="checkbox"/> Robotics <input type="checkbox"/> Environmental <input type="checkbox"/> Industrial <input type="checkbox"/> Military <input type="checkbox"/> Semiconductor <input type="checkbox"/> Instrumentation				Application Media _____ _____
Material <input type="checkbox"/> FEP <input type="checkbox"/> High Purity PFA <input type="checkbox"/> Other <input type="checkbox"/> PFA <input type="checkbox"/> Low Perm PFA    Please Specify Additional Comments _____ _____				
<b>Supplied in Pieces</b>		<b>Supplied by the Foot</b>		
<b>E</b> Corrugated Length	_____ Tolerance _____	<b>A</b> Corrugated Size	_____	
Overall Compressed Length (if applicable)	_____ Tolerance _____	<b>E</b> Corrugated Length	_____ Tolerance _____	
Overall Expanded Length (if applicable)	_____ Tolerance _____	Annual Quantity _____ Quantity per Release _____ Customer Part Number _____ Description _____		
<b>B1</b> Cuff Length	_____			
<b>B1</b> Cuff I.D.	_____			
<b>B1</b> Cuff Sized on the I.D.	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>B1</b> Cuff Sized on the O.D.	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>B2</b> Cuff Length	_____			
<b>B2</b> Cuff I.D.	_____			
<b>B2</b> Cuff Sized on the I.D.	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>B2</b> Cuff Sized on the O.D.	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments _____ _____ _____				

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