

# Pinch Valves

## Custom Product Specifications

Please complete form and forward it directly to your Regional Sales Manager or tech@clippard.com.

*Any incomplete fields are assumed to be the standard specification based upon the Clippard Base Part Number.*



Date \_\_\_\_\_

Company \_\_\_\_\_

Engineer \_\_\_\_\_

Actuation    **Electronic**    **Pneumatic**

Media Pressure \_\_\_\_\_

Tubing Material \_\_\_\_\_

Tubing Diameter \_\_\_\_\_

Tubing Hardness \_\_\_\_\_

Tubing Brand \_\_\_\_\_

Tubing Part Number \_\_\_\_\_

Voltage    **12 VDC**    **24 VDC**    **Other** \_\_\_\_\_

Target Price \_\_\_\_\_

Estimated Annual Quantity \_\_\_\_\_

Prototype Qty. \_\_\_\_\_

Prototype Due Date \_\_\_\_\_

Submitted by \_\_\_\_\_

Phone \_\_\_\_\_

e-mail \_\_\_\_\_

Pilot Port Size \_\_\_\_\_

Media \_\_\_\_\_

Configuration    **N.O.**    **N.C.**    **3W**

Temperature Range \_\_\_\_\_

Allowable Wetted Body Material \_\_\_\_\_

Finish \_\_\_\_\_

Life Expectancy \_\_\_\_\_

Special Testing Requirement \_\_\_\_\_

Leakage Requirement \_\_\_\_\_

Estimated Minimum Purchase Quantity \_\_\_\_\_

Application    **New**    **Existing**

Clippard Base Part Number \_\_\_\_\_

**Documentation Required** (if yes, please include specific documentation so this can be factored into proposals and quotes)

Change Control Agreement    Yes    No    PPAP    Yes    No    FAI    Yes    No

Other Requirements (please specify) \_\_\_\_\_

### Description of Application

Anticipated Product Timeline, Due Dates, Completion Time

Are you currently working with a Clippard Salesperson or Distributor?    Yes    No    If so, with whom? \_\_\_\_\_

**Clippard**

877-245-6247 | clippard.com

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**Additional Information**

*Clippard*

877-245-6247 | [clippard.com](http://clippard.com)