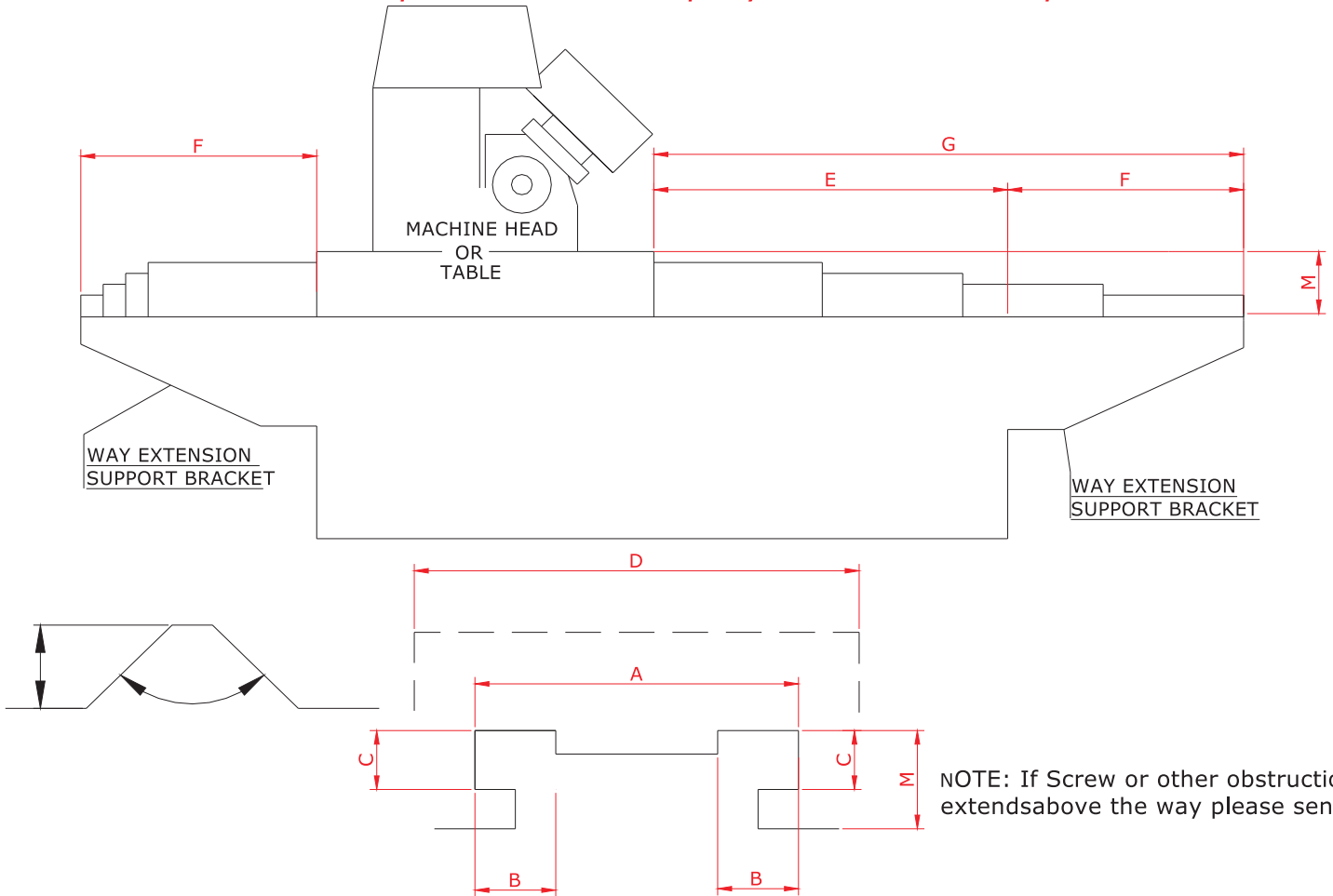


Telescopic Cover Enquiry, Please Complete :



NOTE: If Screw or other obstruction extends above the way please send sketch

TO ORDER OR FOR QUOTATION, PLEASE SPECIFY THE FOLLOWING DIMENSIONS AND INFORMATION.

- A OVERALL WAY WIDTH _____
- B INDIVIDUAL WAY WIDTH _____
- C WAY HEIGHT _____
- D MAXIMUM WIDTH AVAILABLE FOR COVER _____
- E MACHINE TRAVEL _____
- F CLOSED LENGTH OF COVER _____
- G TOTAL OPEN LENGTH OF COVER (E&F) _____
- M MAXIMUM COVER HEIGHT ABOVE WAY _____

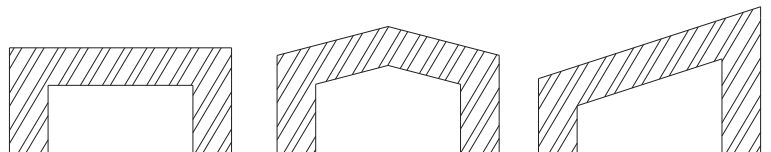
- DATE _____ FOR QUOTATION ONLY _____
- QUANTITY REQUIRED _____ /SETS _____
- DATE REQUIRED _____
- ORDER NUMBER _____
- COMPANY NAME _____
- ADDRESS _____
- PHONE NUMBER _____
- ATTENTION _____

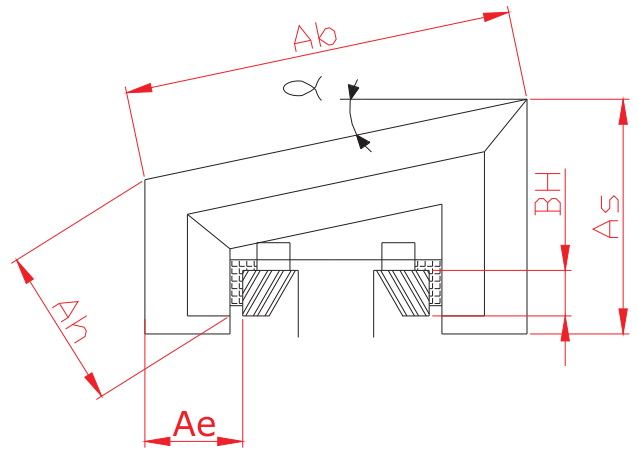
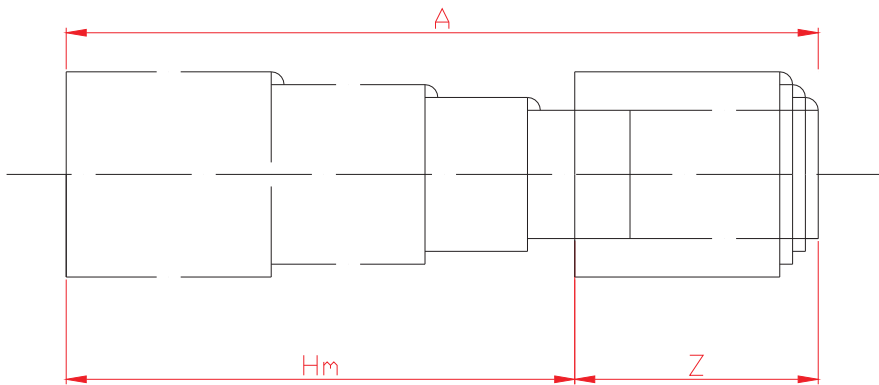
NAME AND MODLE OF MACHINE TO BE COVERD _____

PLEASE BE SURE YOU HAVE FILLED IN AS MUCH OF THE REQUIRED INFORMATION AS IS AVAILABLE

APPLICATION:-
 HORIZONTAL _____ VERTICAL _____ CROSS RAIL _____
 WAY EXTENSION BRACKETS REQUIRED YES ___ NO ___ DOES TABLE OVERTRAVEL ENDS OF WAY ?
 YES ___ NO ___ HOW MUCH _____ MM
 LH _____ MM
 RH _____ MM

EXAMPLE OF COVER PROFILE





_____Qty for Front/Righthand side

_____Qty for Rear/lefthand side

- | | | |
|----|---|-------------------|
| 1 | Number of Boxes | N = _____ |
| 2 | Thickness of special sheet | t = _____mm |
| 3 | Slideway width | B = _____mm |
| 4 | Height of slideway cheek | BH = _____mm |
| 5 | Stroke required | H = _____mm |
| 6 | Compressed length | Z = _____mm |
| 7 | Extended length | A = _____mm |
| 8 | Max possible stroke | HM = _____mm |
| 9 | Width of the cover | Ab = _____mm |
| 10 | Max height of the cover | As = _____mm |
| 11 | Height of cover above slide | Ah = _____mm |
| 12 | Overhang of the cover | Ae = _____mm |
| 13 | Cover suitable for walk-on
Equipped with | Yes/No |
| 14 | Shoes | Polyrethane/Brass |
| 15 | Supporting roller | _____ |
| 16 | Elastic way wipers | eN1/eN2/C2/C3 |
| 17 | Angle | _____ |

Your Company :

Customer Enquiry Number :

Contact :

Email :