REQUEST FOR QUOTATION EYELINK BELT

▶ CONTACT INFORMATION

Date: _____

Company: _____
Address: _____
Zip code: _____
City: _____
Country: _____

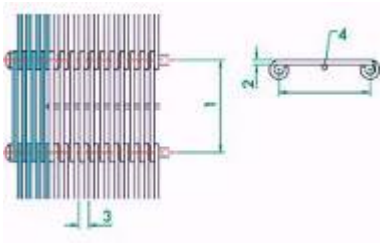
Contact person: _____
Telephone: _____
Fax: _____
E-mail: _____

▶ BELT SPECIFICATION

Type:
- ☐ Full Eyelink belt (DO)
- ☐ Modular Eyelink belt with under welded wire (DL)

Length: _____ Width: _____ Material: _____ Nr. of barlinks per row: _____
Nr. of rows: _____

Sketch based on DL-LK



1. Pitch (c.t.c. distance cross rods): _____
2. Wire diameter: _____
3. Cross pitch (c.t.c. distance eyelinks): _____
4. Nr. of under wires (0 till 8) _____

▶ SIDE FINISHING

- ☐ Welded side (LK)
- ☐ Side guide (ZG)
- ☐ Synthetic blocks (KB)
- ☐ Chain (KH)

Type: _____
Material: _____
Pitch: _____

▶ OPTIONS

☐ Edge plates:
Height: _____
Material: _____

If possible, please provide sketch or drawing

☐ Flights::
Height: _____
Material: _____
Amount:

If possible, please provide sketch or drawing

▶ APPLICATION

Product: _____ Process: _____
Min. temp.: _____ Max. temp.: _____
Other conditions: _____

▶ REMARKS

_____
_____
_____

For additional information please don't hesitate to contact us!

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