

For a **budgetary quote**, complete this form and email to [info@hennig-inc.com](mailto:info@hennig-inc.com) or fax to 815-636-9737.

## COMPANY / CONTACT

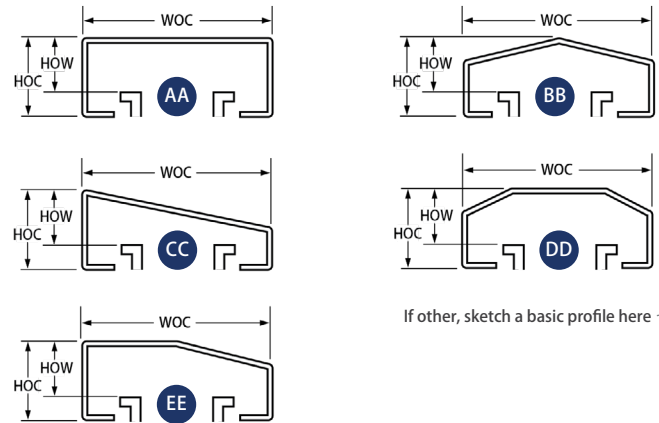
Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## APPLICATION

Machine Make \_\_\_\_\_  
 Machine Model \_\_\_\_\_  
 Maximum Travel Speed \_\_\_\_\_  
 Axis  X  Y  Z  Other \_\_\_\_\_  
 Cover Orientation  
 Horizontal  Vertical  Cross Rail  Slant Bed  
 Other \_\_\_\_\_  
 Operating Environment (choose all that apply)  
 Dry  Wet  Grinding  Hot Chips  
 Other \_\_\_\_\_  
 Photos Available  Yes  No

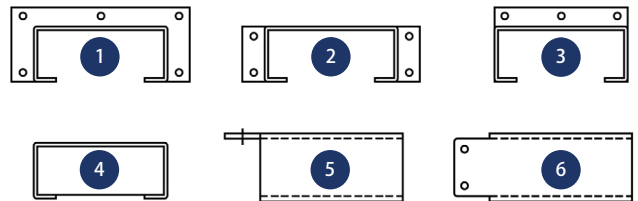
Cover Type



## COVER DETAILS

Cover Type  AA  BB  CC  DD  EE  Other  
 Number of Boxes \_\_\_\_\_  
 Mounting Configuration  1  2  3  4  5  6  
 WOC (Width of Cover) \_\_\_\_\_  
 HOC (Height of Cover) \_\_\_\_\_  
 HOW (Height Over Ways) \_\_\_\_\_  
 A (Extended length) \_\_\_\_\_  
 B (Compressed length) \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Scissors  Yes  No  
 Rollers  Yes  No

Mounting Type



## MACHINE / WAY DETAILS

E1 Table width \_\_\_\_\_  
 E3 Table height above way \_\_\_\_\_  
 G Clearance above way \_\_\_\_\_  
 G1 Clearance width \_\_\_\_\_  
 H Width over ways \_\_\_\_\_  
 J2 Individual height of way \_\_\_\_\_

