

QUOTE REQUEST

VERTICAL SLIDING PLATE



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Please complete this form and email to info@hennig-inc.com or fax to your desired location.
Find your nearest Hennig location.

COMPANY (complete address)

Name _____
Title _____
E-mail _____
Phone _____ Fax _____ Date ____/____/____

APPLICATION

Quantity _____

EXISTING COVER Yes No

Manufacturer Hennig Hennig Partner
 Other _____

Part # _____

OEM Part # _____

Machine Make _____

Machine Model _____

Photos Available? Yes No DWGs or Sketches available? Yes No

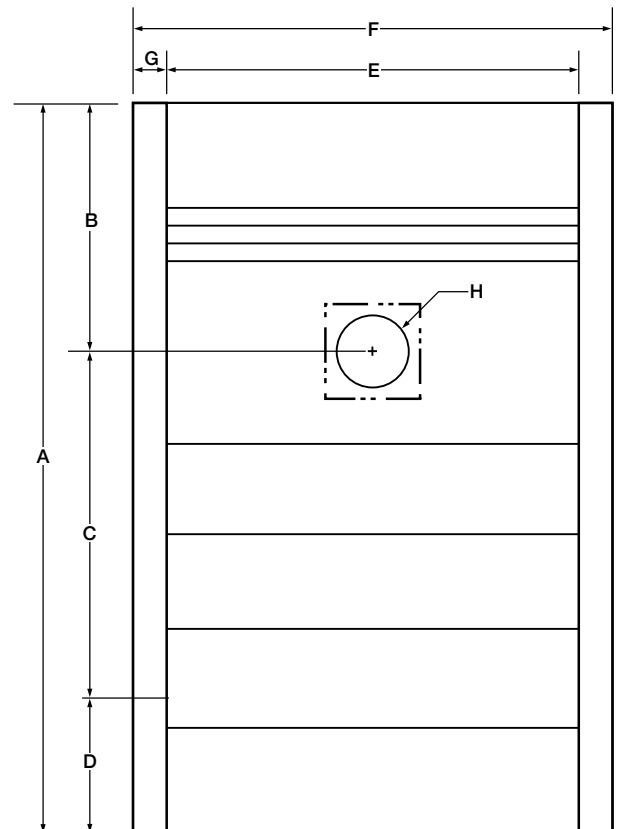
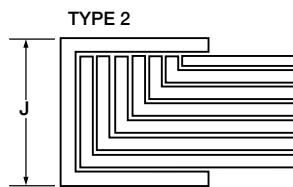
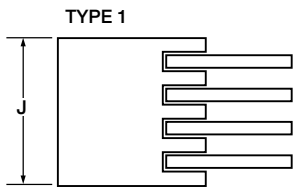
Operating Temperature Range _____

Maximum Travel Speed _____

Movements/Day _____

DIMENSIONS

- A Overall length _____
- B Top compressed _____
- B1 Number of top plates _____
- C Travel _____
- D Lower compressed _____
- D1 Number of lower plates _____
- E Width _____
- F Width with rails _____
- G Rail width _____
- H Diameter or rectangular opening _____
- I Rail type Type 1 Type 2 Other _____
- J Rail thickness _____
- K Mounting hole pattern _____
- L Scissor option
Top: none single double
Bottom: none single double



PLEASE INCLUDE ADDITIONAL SKETCHES OR CAD FILES IF AVAILABLE.