



Telescopic Steel Covers Questionnaire

Type of machine

Trade mark:

Model: **Axis:**

Cover code: **Canister qt.**

Acceleration: **m/sec²** **Speed:** **m/min**

Working Position

<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical
<input type="checkbox"/> Crosspiece	<input type="checkbox"/> Inclined

Sliding

<input type="checkbox"/> by skids	<input type="checkbox"/> by rollers
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Treadability

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Coolant

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Customer:

Street: **no.**

Town **Land**

Reference person:

Phone:

Fax:

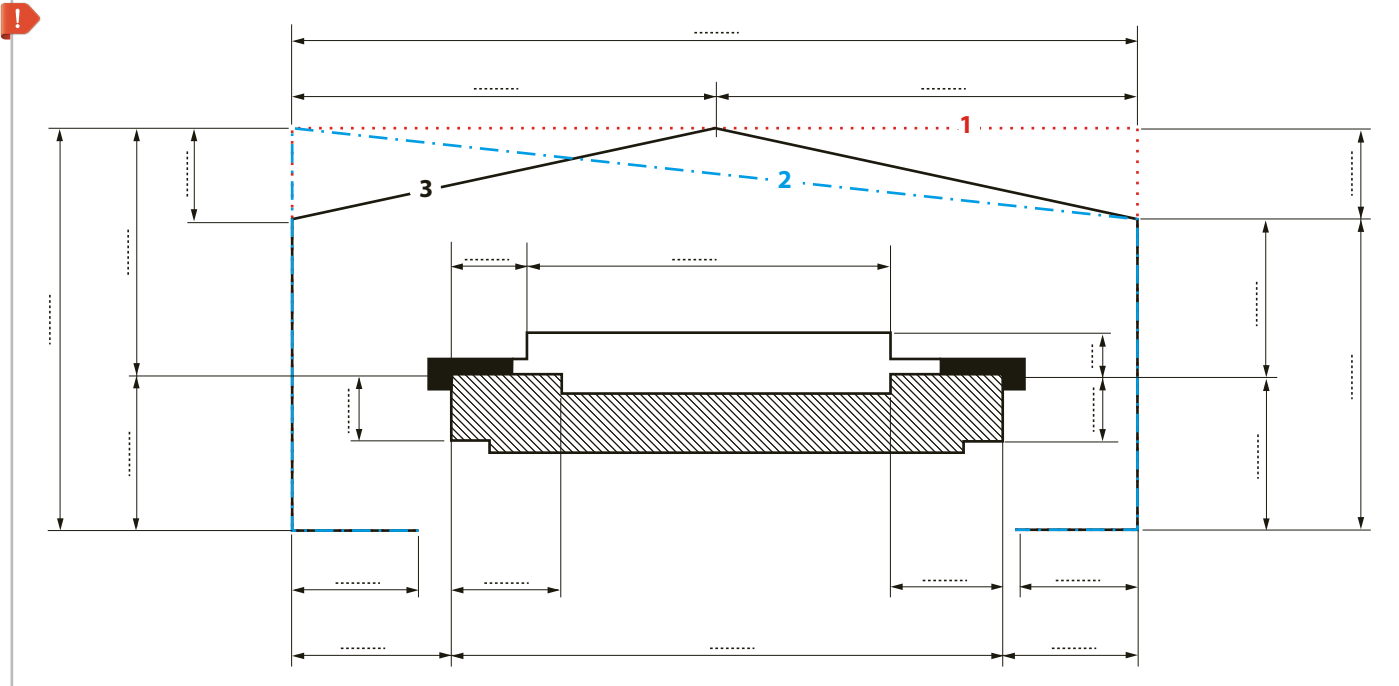
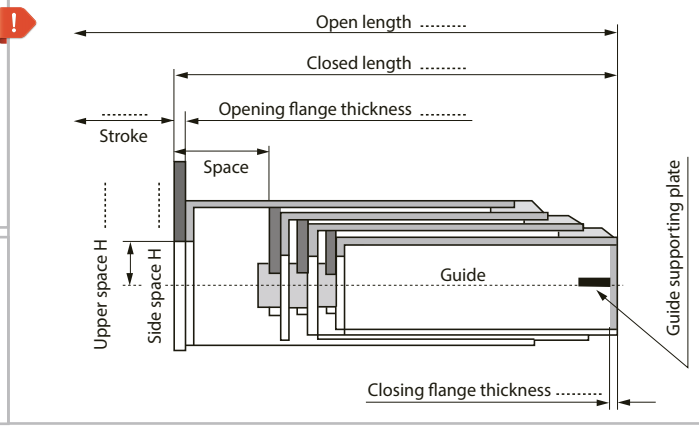
E-mail:

Required quantity Pcs: **Right:** **Left:**

Please indicate the Cover overall, fastenings excluded.

Desired shape: 1 2 3

View from the opening flange **View from the closing flange**



Opening Flange sketch

Closing Flange sketch

NOTE: The data fields and/or tables marked by are the least ones to be filled in order to give you a quotation. Please send an e-mail to info@pei.eu or a fax to +39 051 6464840.

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