

# RUBBER DISK BELLOWS QUOTE REQUEST

Please complete this form and email or fax to your desired location  
 info@hennig-inc.com [Find Your Regional Contact](#)

## 1 COMPANY (complete address)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## 2 APPLICATION

Quantity \_\_\_\_\_  
 Working Position  Horizontal  Vertical  
 Use of Bellows  Outside  Inside  
 Temperature Range \_\_\_\_\_  
 Work Cycles / min \_\_\_\_\_  
 Max Speed (m/min) \_\_\_\_\_  
 Working Hours / Day \_\_\_\_\_  
 Sliding Bearings  Yes (Quantity \_\_\_\_\_)  No  
 Air vents  Yes  No

Exposed To	Inside	Outside	Permanently	Sporadically
<input type="checkbox"/> Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Dust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Oil/Grease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Acid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Leaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 3 DIMENSIONS

d \_\_\_\_\_  $\varnothing$ Di \_\_\_\_\_  
 L (max) \_\_\_\_\_  $\varnothing$ DA \_\_\_\_\_  
 L (min) \_\_\_\_\_  $\varnothing$ DA1 \_\_\_\_\_  
 H1 \_\_\_\_\_  $\varnothing$ D1 \_\_\_\_\_  
 H2 \_\_\_\_\_  $\varnothing$ D2 \_\_\_\_\_

## 4 MOUNTING OPTIONS

