

DUAL AXIS COVERS 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 _____ Number of Boxes _____

EXISTING COVER

Manufacturer Hennig Enomoto Other
 Hennig or Enomoto Part # _____
 OEM Part # _____

MACHINE TYPE

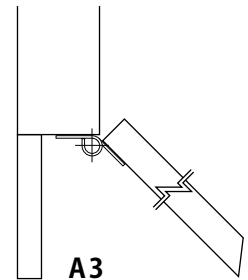
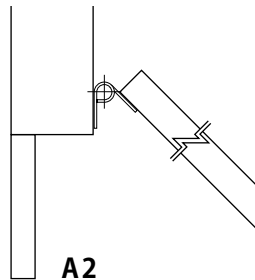
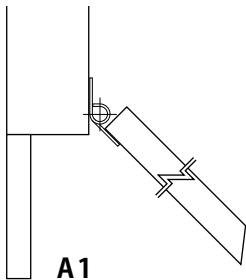
Make _____
 Model _____
 Photos Available? Yes No
 DWGs or Sketches available? Yes No
 Operating Temperature Range _____
 Maximum Travel Speed _____
 Movements/Day _____

3 DIMENSIONS

| | | | |
|---|-------|--|-------|
| Cover extended | _____ | H Cut-out around column width | _____ |
| Cover compressed | _____ | J Extension beyond column depth | _____ |
| A Max vertical extension of slide | _____ | K Vertical Slide | _____ |
| B Vertical slide travel | _____ | L Width of cover | _____ |
| C Min compressed vertical slide length | _____ | M Height of cover | _____ |
| D Min compressed horizontal slide length | _____ | N Distance between guide bars | _____ |
| E Max horizontal extension of slide | _____ | O Guide bar width | _____ |
| F Horizontal slide travel | _____ | Mounting Option - Upper (see below) | _____ |
| G Width of trough | _____ | Mounting Option - Lower (see below) | _____ |

4 MOUNTING OPTIONS

UPPER



LOWER

