

**REQUEST FOR SLIDE
QUOTE WORKSHEET**

COMPANY: _____

ADDRESS: _____

OEM: YES NO

QTY(S): _____

REP.: _____

SLIDE SPECIFICATIONS

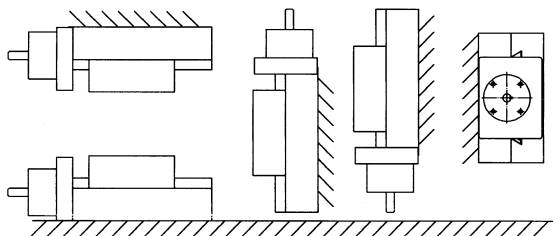
- HARDENED WAY
- LINEAR GUIDE
- DOVETAIL
 - MILLED
 - SCRAPED

DRIVE TYPE _____

SADDLE LENGTH _____

BASE LENGTH _____

MOUNTING - CIRCLE ONE:



FLOOR

ACCESSORIES:

- COVERS
- LUBE ASSY
- LIMIT SWITCHES

QUOTE NO. _____

CONTACT: _____

PHONE: _____

FAX: _____

BUDGETARY FIRM

DRAWING REQUIRE: _____

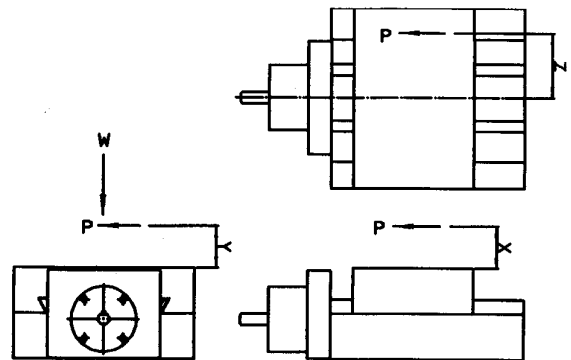
DUE DATE: _____

APPLICATION SPECIFICATIONS

LOAD (W) = _____

INLINE

FORCES (P) = _____ SIDE



SIDE

INLINE

Y = _____ X = _____ Z = _____

TRAVEL REQUIRED _____

MAX. TRAVERSE RATE _____

REVERSE SIDE FOR NOTES & SKETCHES

MODEL NO.: _____