

APRON COVERS QUOTE REQUEST



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1 COMPANY (complete address)

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

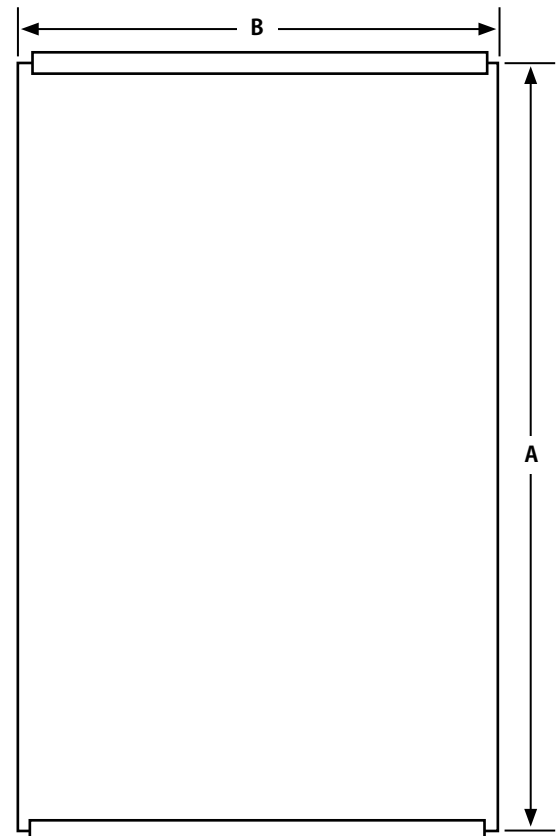
2 APPLICATION

Machine Make _____
 Machine Model _____ Year _____
 Machining Type Lathe Milling Drilling Tapping Other _____
 Cover exposed to what kind of elements Coolant Chips Hot Chips Outdoor Elements Other _____
 Apron Type Coated Fabric
 Extruded Aluminum (Aluflex GS20 AGS mini AGS I AGS II AGS III)
 Stainless Steel
 Series 53 Metal Clad (53-1 ST/ST 53-1 ST/MS 53-1 MS/MS 53-2 AL/ST 53-4 ST/ST 53-4 ST/MS)

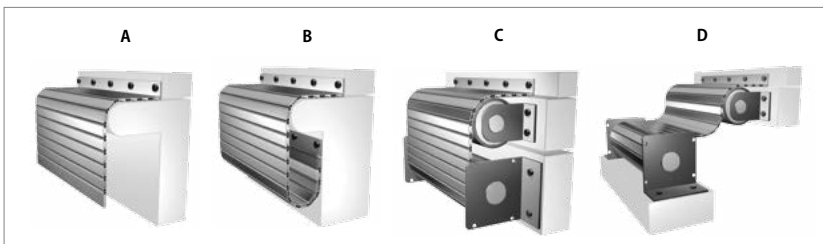
Quantity _____

3 DIMENSIONS

A Fully Extended Cover Length _____
 B Cover Width _____
 Length of Machine Travel _____
 Mounting Configuration A B C D Other
 Mounting Type (End 1) None Straight Angle Other/Custom
 Mounting Type (End 2) None Straight Angle Other/Custom



MOUNTING CONFIGURATIONS



MOUNTING ENDS

