

# 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

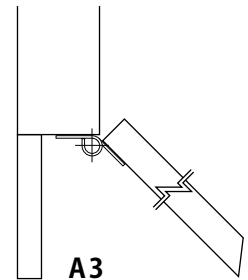
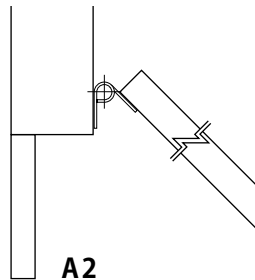
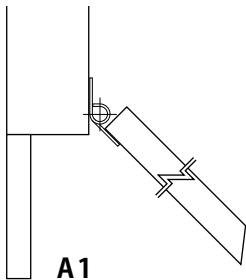
Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Photos Available?  Yes  No  
 DWGs or Sketches available?  Yes  No  
 Operating Temperature Range \_\_\_\_\_  
 Maximum Travel Speed \_\_\_\_\_  
 Movements/Day \_\_\_\_\_

## 3 DIMENSIONS

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

## 4 MOUNTING OPTIONS

### UPPER



### LOWER

