

Round Bellows Questionnaire

Please copy this questionnaire and keep it for future use

For preparing the best possible quotation we ask to provide the information requested below:

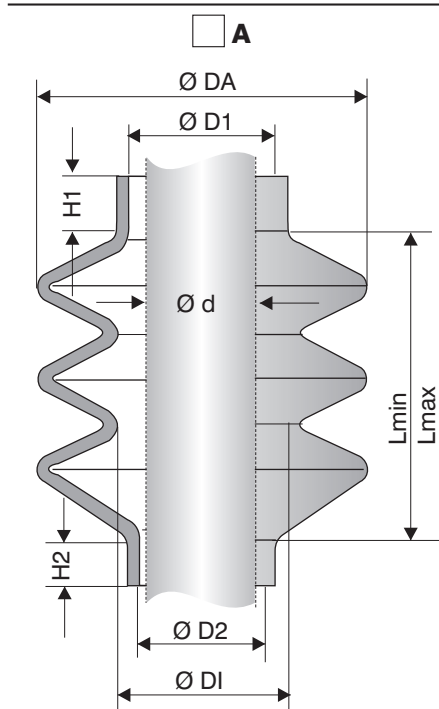
One-time requirement units Annual requirement units Lot size units

Where do you wish to use the bellows?

Use: horizontal vertical inclined indoor outdoor

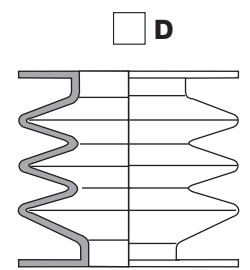
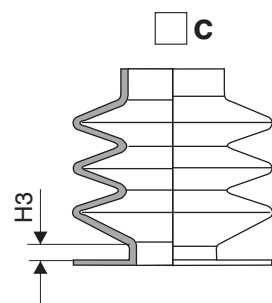
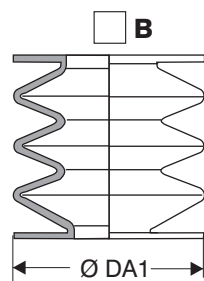
Temperature range from -.....°C to +.....°C

Work cycles/min Work hours per day



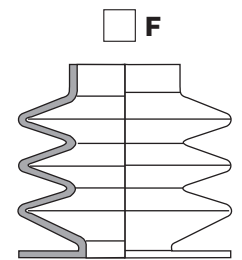
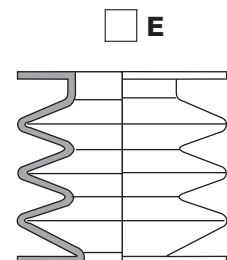
What media will the bellows be exposed to?

	Inside	Outside	Perma- nently	Some- times
<input type="checkbox"/> Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oil/Grease, namely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Acid, namely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaches, namely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spatters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pressure bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please tick the desired type and specify the dimensions.

d	mm	DI	mm
Lmin	mm	DA	mm
Lmax	mm	DA1	mm
D1	mm	H1	mm
D2	mm	H2	mm
		H3	mm



Contact:

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