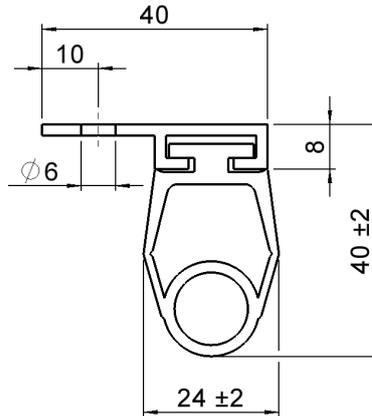


**Anfrage**

First and last name		E-Mail:	
Company:			
Street and no.:			
Postal code/ ZIP and city:		Country:	
Phone no.:		Mobil no.:	



all dimensions in mm

**Length and Quantity**

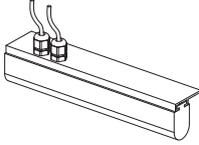
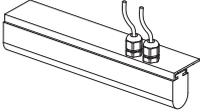
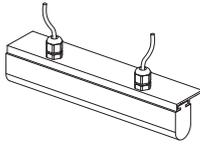
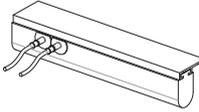
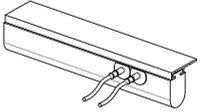
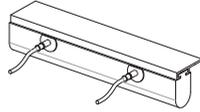
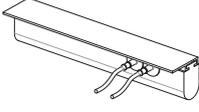
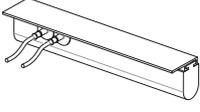
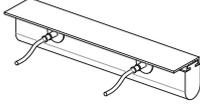
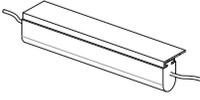
Length: _____ mm*	Qty.: _____
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\* max. length: 6000 mm

**Ambient conditions**

At which type of machine will the bumper be mounted?	
Is there a medium present? If yes, which one (for instance acids, lyes, oils)?	
Where is the application site?	<input type="checkbox"/> indoor <input type="checkbox"/> outdoor
What is the mounting orientation?	<input type="checkbox"/> horizontal <input type="checkbox"/> vertical
What is the stopping travel?	_____ mm

**Type and position of cable exit**

Top		
<input type="checkbox"/>  Top left, x = 50 mm	<input type="checkbox"/>  Top right, x = 50 mm	<input type="checkbox"/>  Top left and right, x = 50 mm
At side		
<input type="checkbox"/>  Front left, x = 50 mm	<input type="checkbox"/>  Front right, x = 50 mm	<input type="checkbox"/>  Front left and right, x = 50 mm
<input type="checkbox"/>  Rear left, x = 50 mm	<input type="checkbox"/>  Rear right, x = 50 mm	<input type="checkbox"/>  Rear left and right, x = 50 mm
Frontal		
<input type="checkbox"/>  Frontal left	<input type="checkbox"/>  Frontal right	<input type="checkbox"/>  Frontal left and right

**Cable length**

<input type="checkbox"/> 1.000 mm (standard)	<input type="checkbox"/> _____ mm (Upon request, surcharge)
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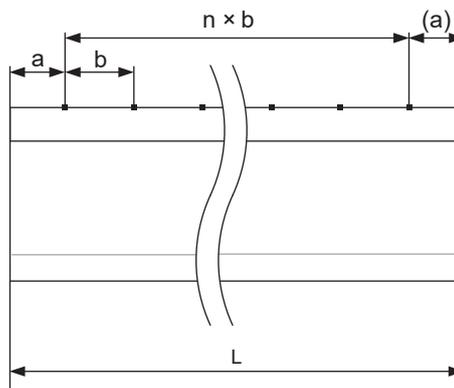
\*max. length: 50.000 mm (possible in 500 mm steps)

**Mounting possibilities**

<input type="checkbox"/> No mounting possibilities (made by client)	
<input type="checkbox"/> Boreholes $\varnothing = 6$ mm	
<input type="checkbox"/> Oblong holes $7.5 \times 21$ mm	

**Dimensions**

Mounting dimensions are specified by variables a and b. a is for first and last distances (symmetrical design) and b is for intermediate distances.	
<input type="checkbox"/> Selected by manufacturer	<input type="checkbox"/> Own distances a = ___ b = ___ mm



**Additional information**

Please describe your safety application. Additional specifications can be named here.

Please note, the following links will only work with the Adobe Acrobat Reader:

If you don't have an Acrobat Reader, you can send us the filled formular as an attachment to the following

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