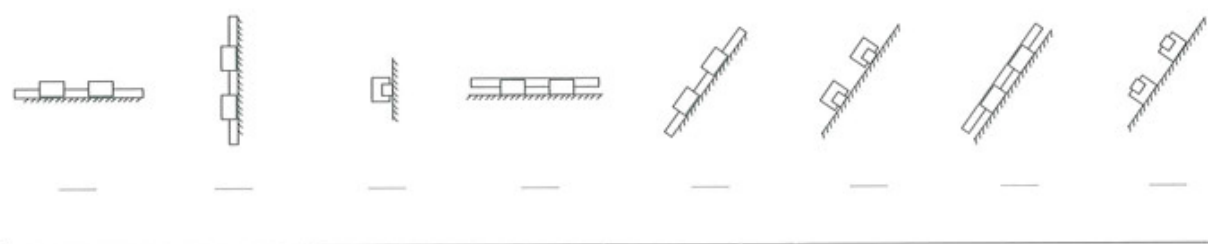




Request For Quote Form

Date _____ Company _____
 Address _____ City _____
 State _____ Zip _____ Name _____
 Title _____ Phone (_____) _____
 Machine Type _____ Drawing No. _____
 Axis X Y Z Other (_____)

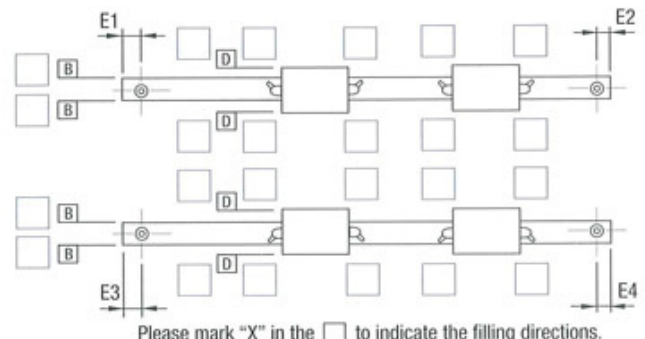
Install Position



Model No. _____

Rail Mounting R (from top) T (from bottom) U (from top with bolt hole enlarged)
 Dust Protection Double end seal + Bottom seal (DD) Double end seal + Scraper + Bottom seal (KK)
 End seal + Scraper + Bottom seal (ZZ) End seal + Bottom seal (U)
 Special Option Steel end cap (SE) Self-Lubrication (E1)
 Lubrication Grease nipple (grease) Piping joint (oil) Other
 Butt-joint No Yes
 Number of Rails per axis I (1) II (2) III (3) Other

Reference Surface and Injection Direction



Please mark "X" in the to indicate the filling directions.

E1= E2= E3= E4=