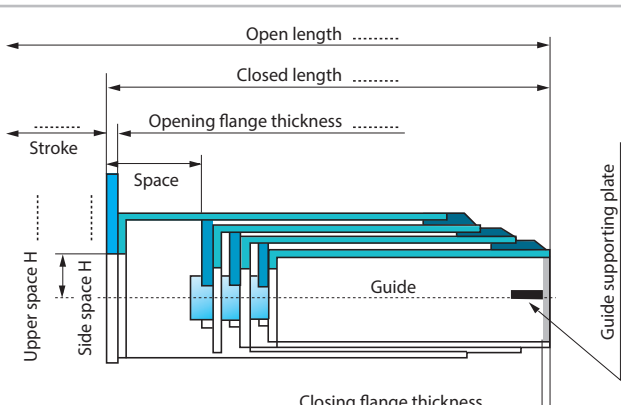
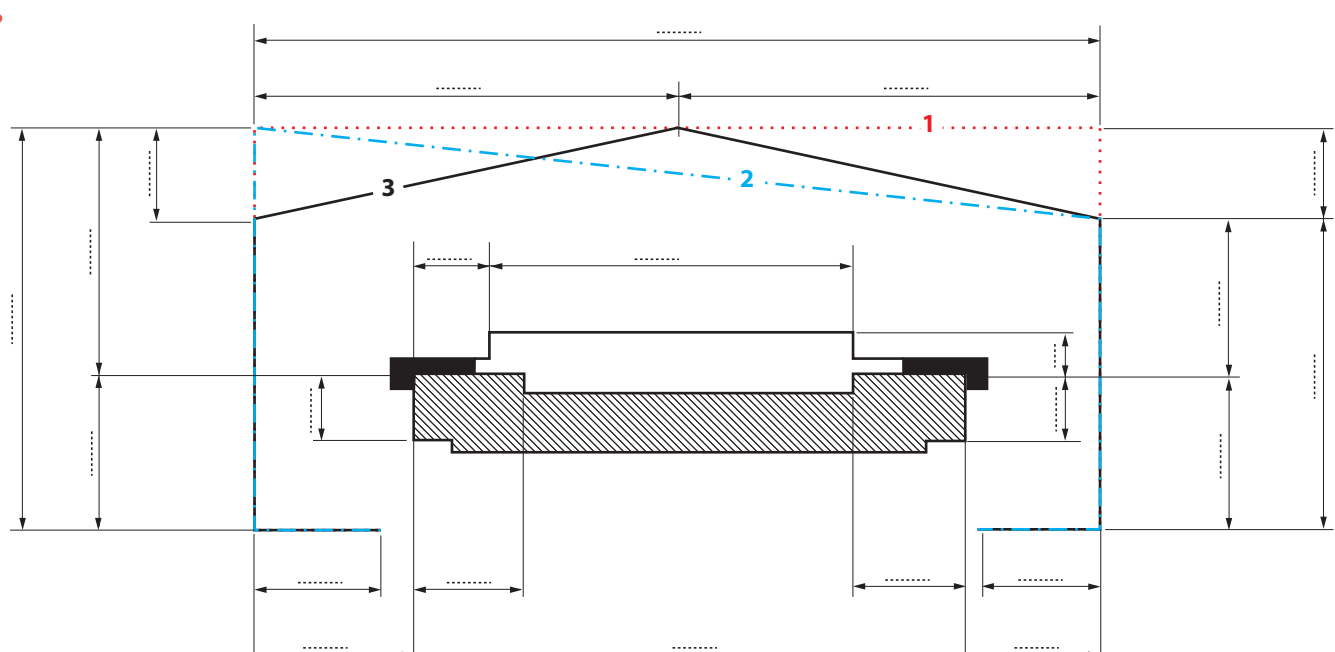




## Telescopic Steel Covers Questionnaire

<p><b>Type of machine</b> .....</p> <p><b>Trade mark:</b> .....</p> <p><b>Model:</b> ..... <b>Axis:</b> .....</p> <p><b>Cover code:</b> ..... <b>Canister qt.</b> .....</p> <p><b>Acceleration:</b> ..... <b>m/sec<sup>2</sup></b> <b>Speed:</b> ..... <b>m/min</b></p> <p><b>Working Position</b></p> <table><tr><td><input type="checkbox"/> Horizontal</td><td><input type="checkbox"/> Vertical</td></tr><tr><td><input type="checkbox"/> Crosspiece</td><td><input type="checkbox"/> Inclined</td></tr></table> <p><b>Sliding</b></p> <table><tr><td><input type="checkbox"/> by skids</td><td><input type="checkbox"/> by rollers</td></tr></table> <p><b>Treadability</b></p> <table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table> <p><b>Coolant</b></p> <table><tr><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No</td></tr></table>	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	<input type="checkbox"/> Crosspiece	<input type="checkbox"/> Inclined	<input type="checkbox"/> by skids	<input type="checkbox"/> by rollers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p><b>Customer:</b> .....</p> <p><b>Street:</b> no.....</p> <p><b>Town</b> <b>Land</b> .....</p> <p><b>Reference person:</b> .....</p> <p><b>Phone:</b> .....</p> <p><b>Fax:</b> .....</p> <p><b>E-mail:</b> .....</p> <p><b>Required quantity Pcs:</b>..... <b>Right:</b>..... <b>Left:</b>.....</p>
<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical										
<input type="checkbox"/> Crosspiece	<input type="checkbox"/> Inclined										
<input type="checkbox"/> by skids	<input type="checkbox"/> by rollers										
<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<input type="checkbox"/> Yes	<input type="checkbox"/> No										
<p><b>Please indicate the Cover overall, fastenings excluded.</b></p> <p><b>Desired shape:</b>      1 <input type="checkbox"/>      2 <input type="checkbox"/>      3 <input type="checkbox"/></p> <p><b>View from the opening flange</b> <input type="checkbox"/>      <b>View from the closing flange</b> <input type="checkbox"/></p>											
											
<p><b>Opening Flange sketch</b></p>	<p><b>Closing Flange sketch</b></p>										

**NOTE:** The data fields and/or tables marked by  are the least ones to be filled in order to give you a quotation. Please send an e-mail to [info@pei.eu](mailto:info@pei.eu) or a fax to +39 051 6464840.