

FABRIC/METAL ROLL-UP COVERS | QUOTE REQUEST FORM

Today's Date _____ Date Needed By _____ Company _____
 Quantity _____ Address _____
 Contact Name _____ City _____ State/Prov. _____
 Email _____ Zip/Postal Code _____ Country _____
 Telephone _____

1. Application Information

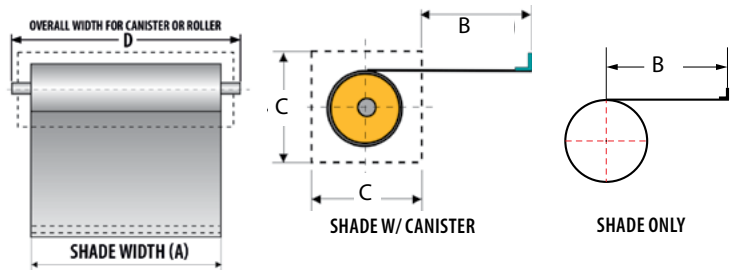
Type: Roll-Up **without** Canister (ignore canister sections) Roll-Up **with** Canister (complete canister sections)
 Shade Material: Dynatect Recommendation Preference: _____
 Replacement Cover... Machine Make: _____ Machine Model: _____ Part # (if available): _____
 New Design? (send drawing, PDF, DWG or DXF preferred)
 Notes: _____

2. Environmental Conditions/Protection *(Check all that apply)*

<input type="checkbox"/> Machining... <input type="checkbox"/> Hot Chips <input type="checkbox"/> Cutting Oils/Coolants/Lubricants Specify Type: _____ (provide SDS composition pages) <input type="checkbox"/> Particles (specify type, e.g. aluminum, glass, wood) _____ <input type="checkbox"/> Water/Moisture <input type="checkbox"/> Grinding and Swarf <input type="checkbox"/> Weld Spatter	Light Medium Heavy <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Electrostatic Requirements: _____ <input type="checkbox"/> Clean Room <input type="checkbox"/> Dry <input type="checkbox"/> Safety or Dust Cover <input type="checkbox"/> FDA <input type="checkbox"/> Chemicals: _____ <input type="checkbox"/> 0%-35% <input type="checkbox"/> 35%-55% <input type="checkbox"/> 55%-100% Temperature Range: <input type="checkbox"/> °F <input type="checkbox"/> °C Ambient: _____ Min: _____ Max: _____ Maximum Travel Speed: _____ Acceleration & Units of Measurement: _____ Cycles/Day: _____ Axis: _____
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3. Dimensions

Shade Width (A) _____
 Maximum Shade Extended Length (B) _____
Maximum Allowable Space for Take-Up Hardware:
 • Height/Depth (C) _____ (canister, or maximum rolled up diameter if no canister)
 • Overall Width for Canister or Roller (D): _____



4. Roller Mounting Brackets *(If Roll-Up Cover without canister, bracket size is determined by maximum roll-up size)*

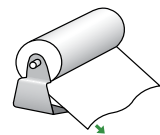
Brackets will be provided for roll-ups without a canister.



Round (1st Bracket)



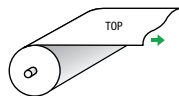
Rectangular (2nd bracket)



5. Cover Orientation and Shade Exposure to Work Area *(continues on 2nd page)*

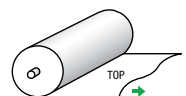
Note: 2 choices required from this section: 1) Choose cover orientation 2) indicate direction of contaminant

Horizontal #1



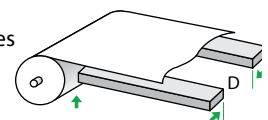
Contaminant from the Top
 Contaminant from the Bottom

Horizontal #2
 (specify below how shade will be used)



For Horizontal Shades: Unsupported Supported, distance between support (D): _____ inches

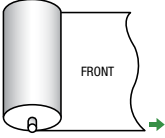
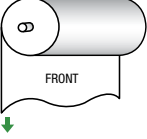
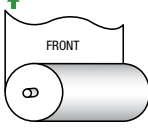
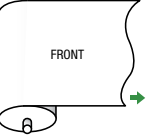
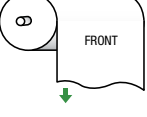
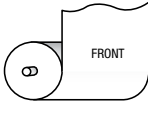
If support channels are required, please send a drawing.



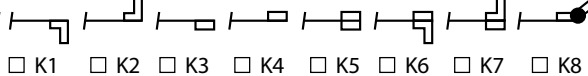
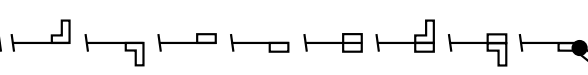
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5. Cover Orientation and Shade Exposure to Work Area *(continued from first page)*

Note: 2 choices required from this section. 1) Choose cover orientation 2) indicate direction of contaminant

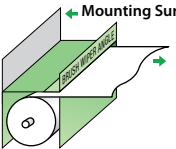
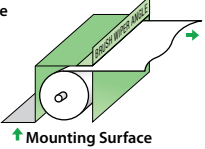
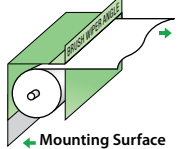
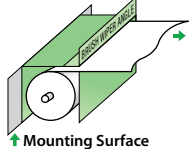
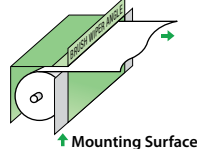
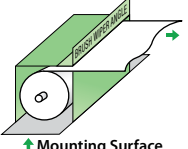
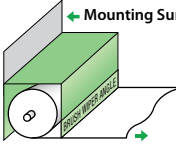
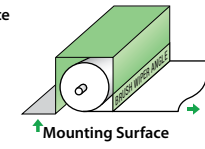
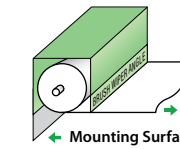
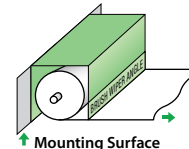
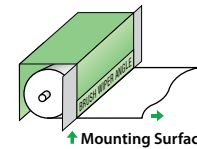
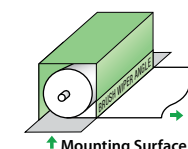
<input type="checkbox"/> Crossrail #1		<input type="checkbox"/> Vertical Top #1		<input type="checkbox"/> Vertical Bottom #1	
<input type="checkbox"/> Crossrail #2		<input type="checkbox"/> Vertical Top #2		<input type="checkbox"/> Vertical Bottom #2	
<input type="checkbox"/> Contaminant from the Front <input type="checkbox"/> Contaminant from the Back		<input type="checkbox"/> Contaminant from the Front <input type="checkbox"/> Contaminant from the Back		<input type="checkbox"/> Contaminant from the Front <input type="checkbox"/> Contaminant from the Back	

6. Shade Mounting Bracket

<input type="checkbox"/> +		<input type="checkbox"/> K1	<input type="checkbox"/> K2	<input type="checkbox"/> K3	<input type="checkbox"/> K4	<input type="checkbox"/> K5	<input type="checkbox"/> K6	<input type="checkbox"/> K7	<input type="checkbox"/> K8
<input type="checkbox"/> +		<input type="checkbox"/> K1	<input type="checkbox"/> K2	<input type="checkbox"/> K3	<input type="checkbox"/> K4	<input type="checkbox"/> K5	<input type="checkbox"/> K6	<input type="checkbox"/> K7	<input type="checkbox"/> K8

7. Canister Mounting Options

Horizontal canister mounting examples shown. Adjust canister mounting style based on orientation selected on previous page.

<input type="checkbox"/> Code E1T	<input type="checkbox"/> Code E2T	<input type="checkbox"/> Code E3T	<input type="checkbox"/> Code E4T	<input type="checkbox"/> Code E5T	<input type="checkbox"/> Code E6T
					
<input type="checkbox"/> Code E1B	<input type="checkbox"/> Code E2B	<input type="checkbox"/> Code E3B	<input type="checkbox"/> Code E4B	<input type="checkbox"/> Code E5B	<input type="checkbox"/> Code E6B
					

Code E7 – Custom or Special Mounting. Please supply a drawing (DWG or DXF file format) or photo of your application.

8. Wiper or Scraper Option

Brush (Standard) PVC Felt Stainless Steel Other _____ None

9. Canister Surface Treatment

Raw Steel Painted Steel Stainless Steel Other (paint spec, etc.) _____