

STEELFLEX® WALK-ON WAY COVERS* | QUOTE REQUEST FORM

Date _____ Address _____
 Company Name _____ City _____ State/Prov. _____
 Contact _____ Country _____ Zip/Postal Code _____
 Quantity _____ Telephone _____ Fax _____
 Email _____

1. Application Information

New Design Existing Cover Single Cover Set of Covers (left/right)
 Machine Make: _____ Machine Model/Part #: _____

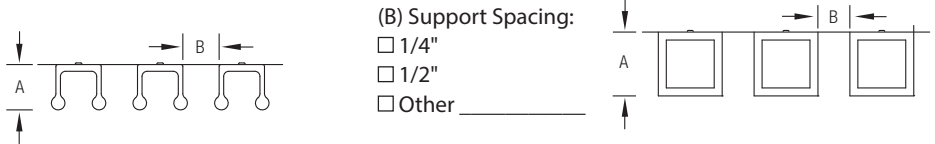
2. Environmental Information

Operating Environment of Cover:
 Dry Grinding Hot Chip Aluminum Heavy Coolant Other _____
 Temperature Range: Continuous (ambient): _____ Minimum: _____ Maximum: _____ °F °C
 Maximum Travel Speed: _____ Acceleration (please indicate units of measurement): _____
 Movements/Day: _____ Axis: _____

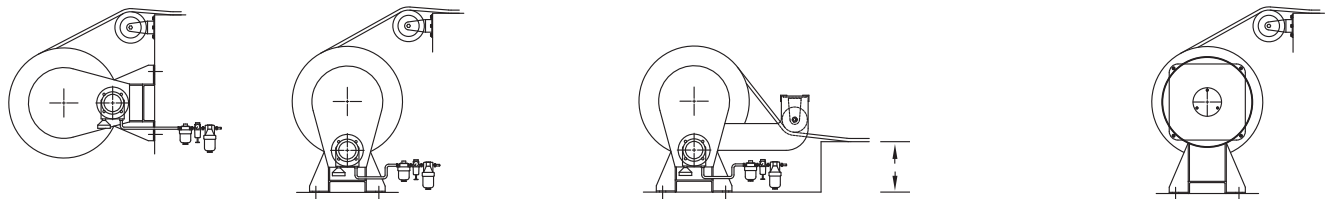
3. Cover Profile (For replacement covers only; please specify Dimensions "A" and "B" below.)

(A) Support Type:
 1/2" Ribs 1-1/2" Tubes
 5/8" Ribs 2" Tubes
 1" Tubes Other _____

(B) Support Spacing:
 1/4" 1/2" Other _____



4. Mounting Options (Note: Right-hand drive shown)

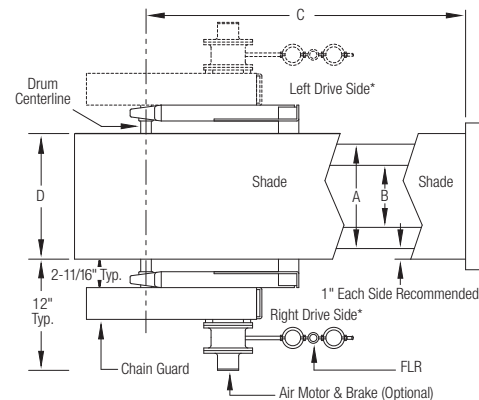


Machine-Mounted Floor-Mounted, Below the Way Floor-Mounted, Above the Way Floor-Mounted, Spring Take-Up

Distance Between Floor and Top of Way: _____

5. Dimensions (Note: Machine mount example shown)

(A) Overall Way Width: _____ (B) Largest Unsupported Span: _____
 (C) Length from Center Line of Roller to Table/Column or Car when Shade Fully Extended: _____
 (D) Shade Width: _____ (overall way width +2" recommended for walk-on covers)
 Travel Distance: _____ Total Shade Length: _____
 Way Height Above Floor: _____
 Drive Side Location*: Right Left Both Same Side (for sets)



6. Application Information (Note: If air is turned off, an air brake is recommended)

Air Motor Drive Spring Drive Take-Up Air Brake Non-Skid Tape
 Non-Skid Paint Sponge Edge Seal Brush Wiper Nylon Riders Filter Lubricator/Regulator

*SteelFlex covers should only be walked on while stationary.

STEEFLEX® WALK-ON PIT COVERS* | QUOTE REQUEST FORM

Date _____ Address _____
 Company Name _____ City _____ State/Prov. _____
 Contact _____ Country _____ Zip/Postal Code _____
 Quantity _____ Telephone _____ Fax _____
 Email _____

1. Application Information

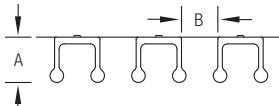
New Design Existing Cover Machine Pit Cover Inspection Pit Cover Other _____

2. Environmental Information

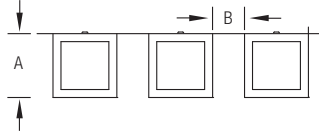
Operating Environment of Cover:
 Dry Grinding Hot Chip Aluminum Heavy Coolant Other _____
 Contents of Pit: _____
 Temperature Range: Continuous (ambient): _____ Minimum: _____ Maximum: _____ °F °C
 Maximum Travel Speed: _____ Acceleration (please indicate units of measurement): _____ Movements/Day: _____

3. Cover Profile (For replacement covers only; please specify Dimensions "A" and "B" below.)

(A) Support Type:
 1/2" Ribs 1-1/2" Tubes
 5/8" Ribs 2" Tubes
 1" Tubes Other _____



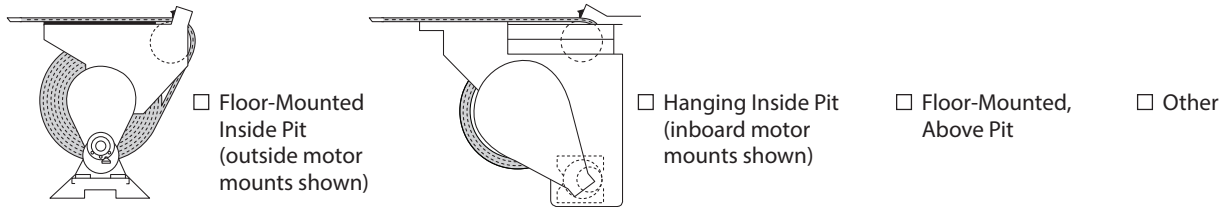
(B) Support Spacing:
 1/4" 1/2" Other _____



4. Take-Up Hardware

Air Motor Take-Up (if air is turned off, an air brake is recommended) Scroll-Type Take-Up
 Motor Mounting: Inboard Outboard Manual With Electric Motor

5. Hardware Mounting Options

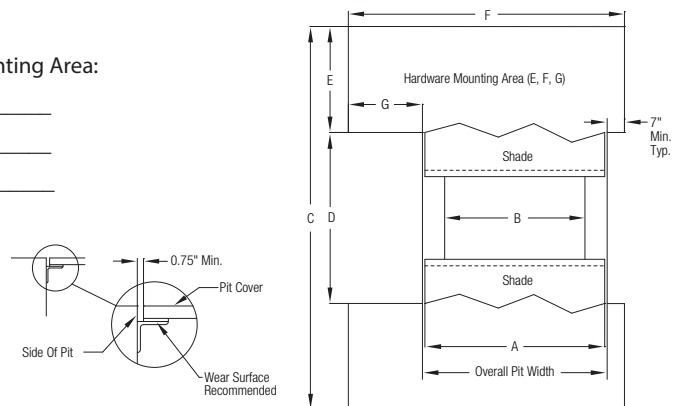


6. Options

Non-Skid Tape Non-Skid Paint Air Brake Brush Wiper Nylon Riders Sponge Edge Seal Filter Lubricator/Regulator

7. Dimensions

Overall Pit Width: _____ Hardware Mounting Area:
 (A) Shade Width: _____ (E) _____
 (B) Unsupported Span: _____ (F) _____
 (C) Overall Pit Length: _____ (G) _____
 (D) Support Rail Length: _____
 Pit Depth (50" minimum recommended): _____
 Drive Side Locations: Right Left Both Same Side



*Steelflex covers should only be walked on while stationary.