

REQUEST FOR QUOTE

CABLE/HOSE CARRIERS



Date _____
 Company Name _____
 Contact _____
 Quantity _____

Address _____
 City _____ County _____
 Country _____ Post Code _____
 Telephone _____ Fax _____
 Email _____

1. QUOTE FOR:

New Design
 Existing Design: Brand: _____ Part #: _____ Length: _____ Drawing Provided?
 Comments: _____

2. CABLES/HOSES

List type of cable(s)/hose(s) below.

| TYPE OF CABLE/HOSE | OUTSIDE DIAMETER | QUANTITY | MINIMUM BEND RADIUS | WEIGHT/FOOT | COMMENTS |
|--------------------|------------------|----------|---------------------|-------------|----------|
| | | | | | |
| | | | | | |

If dimensions A, B, C and D are left blank, Beakbane will determine the correct carrier sizing based on the cables/hoses specified above.

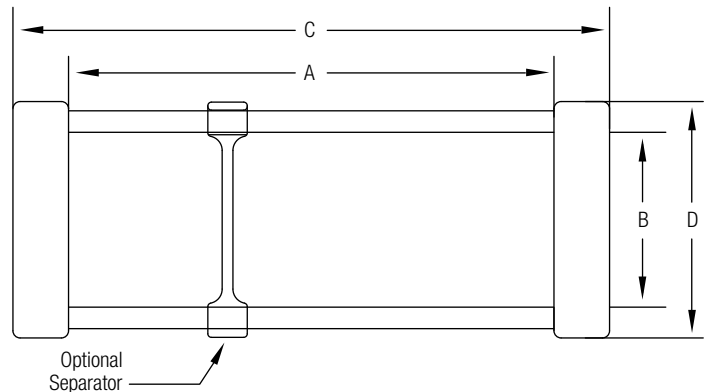
B = Cavity Height: _____
 (determined by the OD of the largest cable/hose + safety factor)

A = Cavity Width: _____
 (determined by adding the ODs of all cables/hoses + appropriate safety factors and divider/seperator widths)

C = Outer Width: _____
 (please specify any space restrictions)

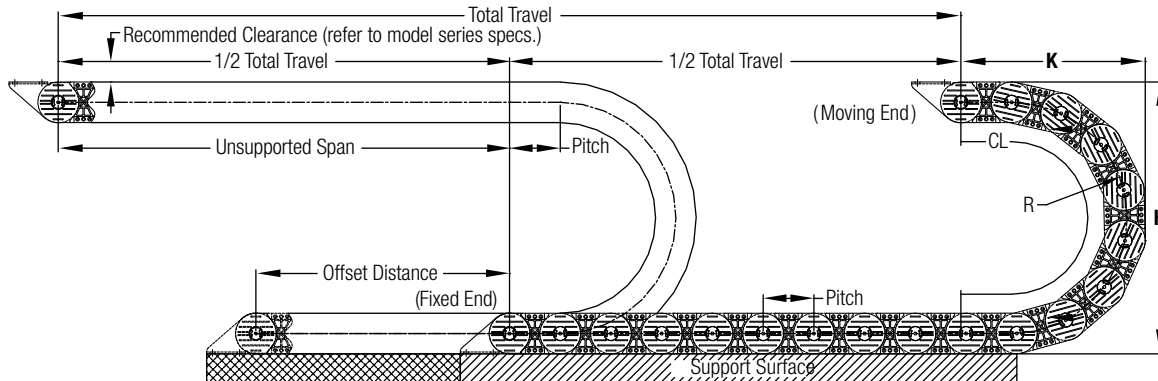
D = Outer Height: _____
 (please specify any space restrictions)

Cable/Hose Safety Factor:
 Cables: +10% Hoses: +20%
 Separators? Yes No (quantity: _____)



3. TRAVEL REQUIREMENTS:

Dimensions specified in: Inches Millimeters

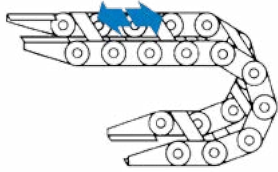


Total Travel Length: _____ Will Fixed End be the Center of Travel? Yes No (offset distance from center: _____)
 Maximum Travel Speed: _____ Acceleration: _____ Duty Cycle: _____
 List Space Restrictions (depot "K", mounting height "H"): _____

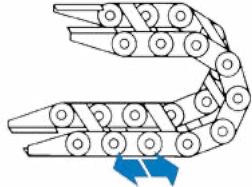
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CABLE/HOSE CARRIERS

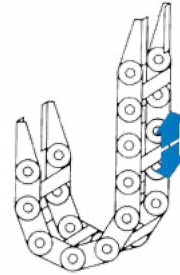
4. TRAVEL ORIENTATION



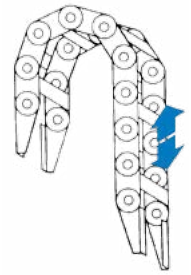
Horizontal Lower-Flange Fixed



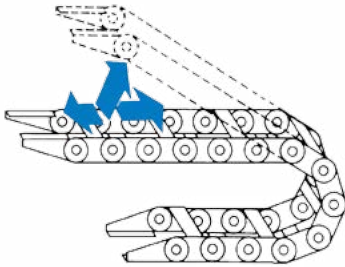
Horizontal Upper-Flange Fixed



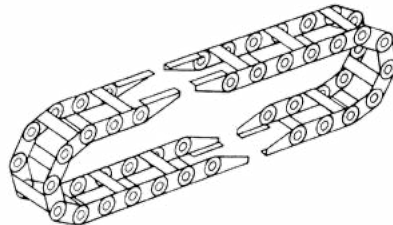
Vertical Curve Down



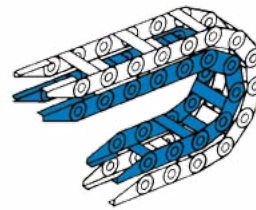
Vertical Curve Up



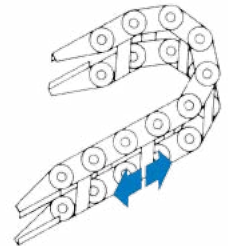
Combination Vertical and Horizontal



Opposed



Nested Configuration



Side Mounted

5. APPLICATION

Operating Temperature Range: Ambient: _____ Minimum: _____ Maximum: _____

Describe Operating Environment (debris, moisture, chemicals, etc.): _____

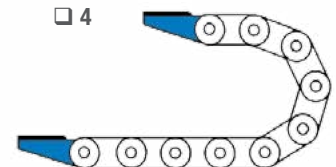
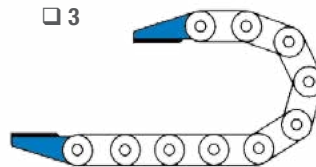
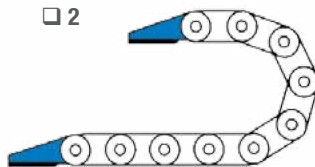
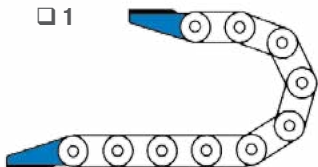
Application Details: _____

Material Preference: Steel Plastic Combination No Preference Other: _____

Style Preference: Enclosed Open

6. BRACKET CONFIGURATION

Note: Default bracket configuration is #1-Inward.



Mounting Holes Inward or Outward of Link:

Fixed End: In Out

Moving End: In Out

Non-Standard Mounting Brackets (provide drawing)

Please email or fax the completed form to the number/address shown.

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