

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: _____

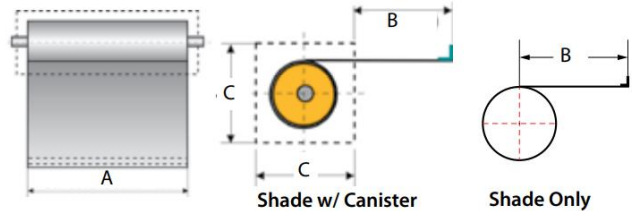
2. Environmental Conditions/Protection *(Check all that apply)*

	Light	Medium	Heavy
<input type="checkbox"/> Machining...			
<input type="checkbox"/> Hot Chips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cutting Oils/Coolants/Lubricants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify Type: _____ (provide MSDS composition pages)			
<input type="checkbox"/> Particles (specify type, e.g. aluminum, glass, wood) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Water/Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grinding and Swarf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weld Spatter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrostatic Requirements: _____
 Clean Room Dry Safety or Dust Cover FDA
 Chemicals: _____
 0%-35% 35%-55% 55%-100%
 Temperature Range: °F °C
 Ambient: _____ Min: _____ Max: _____
 Maximum Travel Speed: _____
 Acceleration & Units of Measurement: _____
 Cycles/Day: _____ Axis: _____

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: _____



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

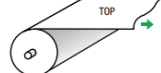
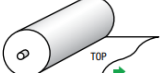
None Yes (choose one in addition to required)

Required 
 Standard 
 Option 



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

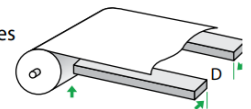
Note: 2 choices required from this section: 1) Choose cover orientation 2) indicate direction of contaminant

Horizontal #1  Contaminant from the Top Horizontal #2 (specify below how shade will be used) 

Contaminant from the Bottom

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

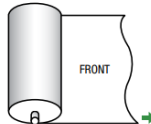
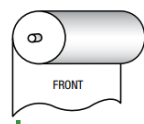
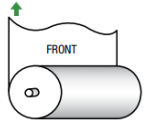
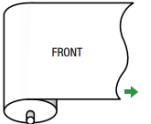
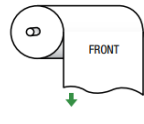
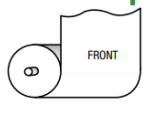
If support channels are required, please send a drawing.



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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	

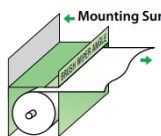
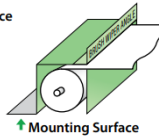
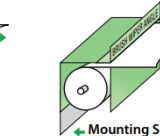
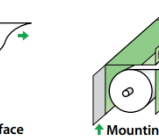
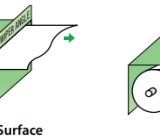
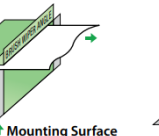
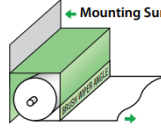
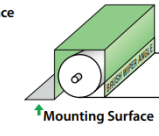
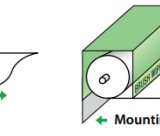
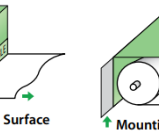
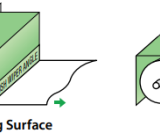
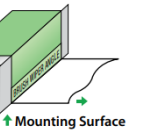
6. Shade Mounting Bracket

K1 K2 K3 K4 K5 K6 K7 K8

K1 K2 K3 K4 K5 K6 K7 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
					
<input type="checkbox"/> 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.) _____