

**Company Name & Address:**

Contact Name .....

Position .....

Customer Reference.....

Telephone .....

Fax.....

E-mail.....

## Main Dimensions (mm)

Quantity Required.....

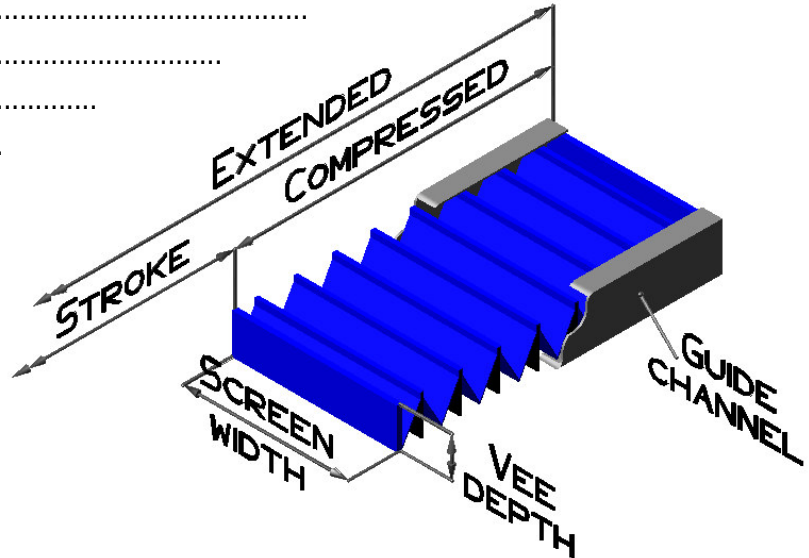
Extended .....

Compressed .....

Stroke..... Speed.....

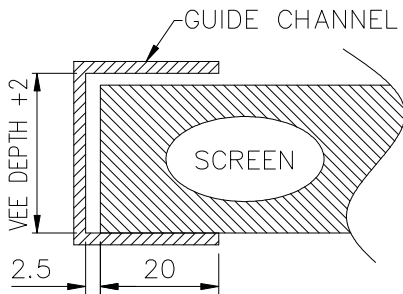
Screen width .....

Vee depth .....



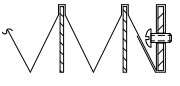
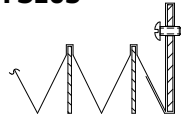
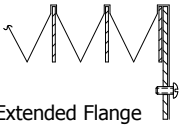
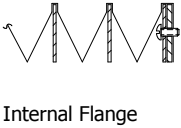
## Guide channels (not supplied)

Screen units must be supported along the entire extended length (suggested dimensions shown)



## End Fixing Options

Left Hand FS..... Right Hand FS .....

<p><b>FS102</b></p>  <p>External Flange</p>	<p><b>FS103</b></p>  <p>Extended Flange</p>
<p><b>FS104</b></p>  <p>Extended Flange</p>	<p><b>FS108</b></p>  <p>Internal Flange</p>

## Notes

Detailing the working environment and other related references

Request for full literature