

Inquiry Fax Form Industrial Festoon Systems

Fax to: _____ Fax Number: _____ Date _____

FOR FACTORY USE ONLY

Representative _____

Territory No. _____

Date _____

Customer _____

Address _____

City _____

State _____ Zip _____

Phone _____ Fax _____

Contact _____

Ref. _____

Total Quantity of Systems (this specification): _____

Application: _____

What is special? _____



CABLE PACKAGE

CABLES

HOSES

	Qty. Each	Round /Flat	Jacket Type	AWG	Number Cond.	Fluid Density	Hose I.D.	Work Press.	O.D. or Thickness*	Width (Flat)*	Weight lb/ft*	Min. Radius*	Price /Foot
1)													
2)													
3)													
4)													
5)													
6)													
7)													

* This data will be automatically entered by computer based on charts in back of catalog. Non-standard dimensions, weights or minimum bend radii must be entered by customer based on information obtained from cable/hose manufacturer.

SYSTEM PARAMETERS

1) Active Travel (AT) _____ ft. _____ in.

2) Loop Depth (LD) _____ ft. _____ in.

3) Maximum Speed _____ ft / min

4) Acceleration _____ ft / s / s

5) Desired Model _____
This will be calculated by computer if left blank.

6) Storage Distance (SD) _____ ft. _____ in.

7) System Length (SL) _____ ft. _____ in.
System Length = Rail Length. Describe any known obstructions that could interfere with Rail Length.

OPTIONS ✓ desired

1) **Tow Device** Tow Trolley Control Trolley

2) **Hardware Mat'l** Zinc Plated Stainless Steel

3) **Wheel Mat'l** Steel Nylon

4) **Wheel Type** Crowned Flanged

5) **Bearing Lube** Pre-lubricated Re-greasable

ACCESSORIES ✓ desired

1) **Cable Clamps**

2) **Ty-Wraps**

3) **Tow Chains**
Length will be calculated based on loop depth.

4) **Cable Glands**

5) **Junction Boxes**
 NEMA Qty. _____

6) **Pre-Assembly**

7) **Quote Cables**
 Extra Cable at:
 Moving End _____ ft.
 Fixed End _____ ft.

I-BEAM DATA:

IMPORTANT:

1) **Shape** S W or M

2) **Designation** _____



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