



Request for Quotation

Please copy and fill out this form for help in selecting a motorized UniSlide or BiSlide Assembly.

Name _____ Phone _____

Company _____ Fax _____

Address _____ Email _____

City _____ State _____ Zip _____

Application Objective _____

- This is a positioning application (My work will be done when slides are stationary)
- This is a scanning application (My work will be done when slides are in motion)
- I need linear or circular interpolation
- I have my own motors — Manufacturer/Type/Model? X _____
- I have my own controller _____ Y _____
- _____ Z _____
- A sketch or drawing of your application is helpful. ⊖ _____

Axis	Travel	Payload Weight	Payload Moment	Speed Range	Resolution	Accuracy of Position	Hours/Day Unit is in Use	Duty Cycle
X								
Y								
Z								
⊖								

Fax form to us at 585-657-6153