

Request Form - Gravity Roller Conveyor

Customer information

Date: _____ Quotation needed by: _____

Company: _____ Contact person: _____

Phone number: _____ E-mail address: _____

Conveyed material

Length [mm]: 300 400 600 _____ Width [mm]: 300 400 600 _____

Height [mm]: _____ Weight [kg]: _____

Conveyed material type: plastic boxes cardboard boxes _____

Conveyed material bottom surface: smooth ribbed

Temperature [°C]: _____ Ambient temperature [°C]: _____

Straight Gravity Roller Conveyor

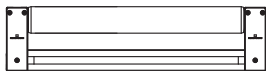
Number of Gravity Roller Conveyors [pcs]: _____ Length [mm]: _____

Inside width = product width + 10 mm Frame width [mm] = inside width + 80:

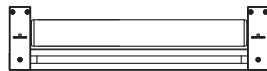
Roller properties: Standard rollers (ESD) Low-friction rollers (non-ESD)

Side Guide

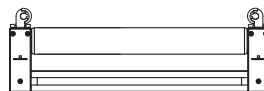
Side Guide: _____ Height [mm]: _____ Inside width [mm]: _____



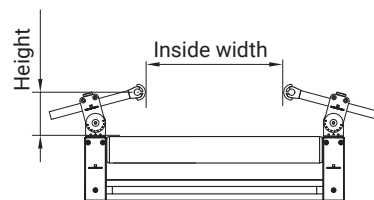
without side guide



with side guide



rigid side guide



flexible side guide

Stand

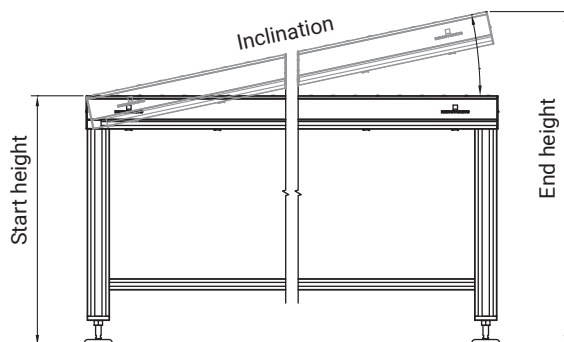
assembled

sent as kit

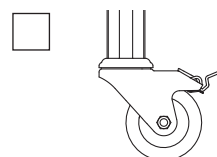
Start height [mm]: _____

End height [mm]: _____

Inclination [°]: _____



Foot type:



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Notes / Layout

Empty area for notes or layout.

Reset form