

Inquiry form

General:

Name, surname:* _____

Company:* _____

Branch of industry: _____

Address, no.: _____

Zip code, place: _____

Telephone:* _____

Fax: _____

E-Mail: _____

Please provide the following details:

Requirement (yearly, monthly): _____

Target price in €: _____

Bearing type	Inner-Ø	Outer-Ø	Width

Problem definition:
Your goal:

Operating conditions:*			
Speed (rpm):		Speed (rpm)	
Temperature in °C:		Max. temperature in °C:	
Load in kN:		Max. load in kN:	
Running time (hour/day/year):			
Other:			
Load type:	evenly	alternately	spasmodic

Environmental conditions:*			
Water contact:	constantly	occasionally	no contact
Humidity:	high	low	Exact value in %: _____
Dustattack:	high	low	Exact information: _____
Risk of explosions:	yes	no	
Chemical contact:	yes	no	
If so, which in %:			
Vacuum:	yes	no	
If so, size in mbar:			

Other information:	
Previously used bearing:	_____

Bearing description:	_____
Manufacturer:	_____
Material / greasing etc.:	_____

Relubrication intervals:	_____
Application area:	_____

Your remark:

If you have sketches or photos, please send them as an attachment.

Fields marked with * must be filled out.

The more fields you fill in, the more specific we can answer your request.

To save your entry, you need the latest version of the free Adobe Acrobat Reader.