

To:

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From:

Company: _____

Name: _____

Street: _____

City/Country/Zipcode: _____

Phone/Fax: _____

Email: _____

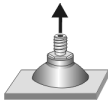

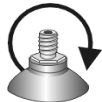
Industry: _____

Vacuum Unit

Please answer the following questions carefully so we can select the vacuum unit best suited for your purpose.
Please note that you can type in the document; printing out is not necessary. Please e-mail or fax this form back to us.

1. Please quote for the following application:

2. What kind of parts are you handling?

3. The objects are:	4. Dimensions, Weight:	5. Lifting direction:	6. Surface:	7. Temperature:
<input type="checkbox"/> round <input type="checkbox"/> oval <input type="checkbox"/> square <input type="checkbox"/> rectangular <input type="checkbox"/> curved <input type="checkbox"/> unstable	Length _____ mm Width _____ mm Height _____ mm Diam. _____ mm Weight _____ g/kg	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	<input type="checkbox"/> smooth <input type="checkbox"/> rough <input type="checkbox"/> textured <input type="checkbox"/> rippled <input type="checkbox"/> oily <input type="checkbox"/> scaled <input type="checkbox"/> wet <input type="checkbox"/> dry <input type="checkbox"/> porous	briefly _____ °C (_____ °F) continuously + _____ °C (_____ °F) - _____ °C (_____ °F)
3a. Material: _____				8. Use: <input type="checkbox"/> indoor <input type="checkbox"/> outdoor

9. Vacuum generating:

☐ Vacuum pump ☐ Vacuum ejector ☐ existing ☐ not existing

Power capacity _____

Vacuum Suction Cups

16. In use?

☐ no ☐ yes, following type _____

17. Annual requirement? approx. _____ pieces

10. Duty cycle _____

11. Distance _____

12. Suck in time _____

13. Positioning accuracy _____

14. Acceleration: _____

15. Environment _____

FIPA will gladly perform individual handling tests free of charge on samples of the objects to be carried. Alternatively please feel free to request sample cups for your own tests.