

Customer Number _____
(if customer)

Please return to:
 info@hema-group.com

Contact

Company: _____
 Address: _____
 Postcode, City, Country: _____
 Contact: _____
 Phone: _____
 E-Mail: _____

Type			
	<input type="checkbox"/> LinClamp S	<input type="checkbox"/> LinClamp SK	<input type="checkbox"/> LinClamp SA
	_____	_____	_____
	<small>(according to catalog)</small>	<small>(according to catalog)</small>	<small>(according to catalog)</small>

Connetion	Operating pressure		
	<input type="checkbox"/> 4 bar	<input type="radio"/> Opening with air	<input type="radio"/> Closing with air
	<input type="checkbox"/> 6 bar	<input type="radio"/> Opening with air	<input type="radio"/> Closing with air

Verwendung als	<input type="checkbox"/> Braking system	<input type="radio"/> Emergency brake	<input type="radio"/> Fall protection
	<input type="checkbox"/> Clamping system	<input type="radio"/> Process clamp	<input type="radio"/> Fall protection

Linear guide	Manufacturer of the linear guide	_____
	Type / size, exact description	_____
	Carriage type	<input type="radio"/> high <input type="radio"/> wide

Mouting position	<input type="checkbox"/> Use horizontally
	<input type="checkbox"/> Use vertically
	<input type="checkbox"/> Use vertical with free fall

Operating mode	<input type="checkbox"/> dry	
	<input type="checkbox"/> oily	_____ Oil
	<input type="checkbox"/> greased	_____ Grease

Holding torque Cycles	Holding torque	_____ N
	Clamping torque	_____ Nm
	Clamping cycles	_____ pro _____

Mounting	Standard drilling pattern
	<input type="radio"/> yes <input type="radio"/> no (please attach separate drawing »drilling pattern)

Quantity	_____ Piece(s)
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Other	_____

By submitting my data to, I consent to the collection and storage of the data for the purpose of preparing an offer by HEMA Maschinen- und Apparateschutz GmbH.