



TWENTEBELT BV
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REQUEST FOR QUOTATION EYELINK BELT

► CONTACT INFORMATION

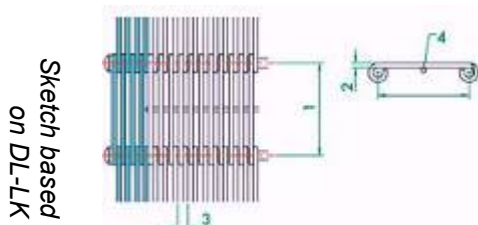
Date: _____

Company: _____
 Address: _____
 Zip code: _____
 City: _____
 Country: _____

Contact person: _____
 Telephone: _____
 Fax: _____
 E-mail: _____

► BELT SPECIFICATION

Type: Full Eyelink belt (DO)
 Modular Eyelink belt with under welded wire (DL)
 Length: _____ Width: _____ Material: _____ Nr. of barlinks per row: _____
 Nr. of rows: _____



1. Pitch (c.t.c. distance cross rods): _____
 2. Wire diameter: _____
 3. Cross pitch (c.t.c. distance eyelinks): _____
 4. Nr. of under wires (0 till 8) _____

► SIDE FINISHING

Welded side (LK) Side guide (ZG) Synthetic blocks (KB)
 Chain (KH) Type: _____
 Material: _____
 Pitch: _____

► OPTIONS

Edge plates: Height: _____ *If possible, please provide sketch or drawing*
 Material: _____
 Flights: Height: _____ *If possible, please provide sketch or drawing*
 Material: _____
 Amount: _____

► APPLICATION

Product: _____ Process: _____
 Min. temp.: _____ Max. temp.: _____
 Other conditions: _____

► REMARKS

For additional information please don't hesitate to contact us!

