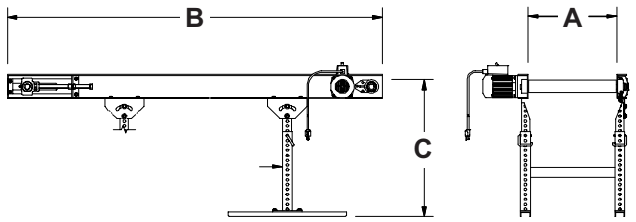
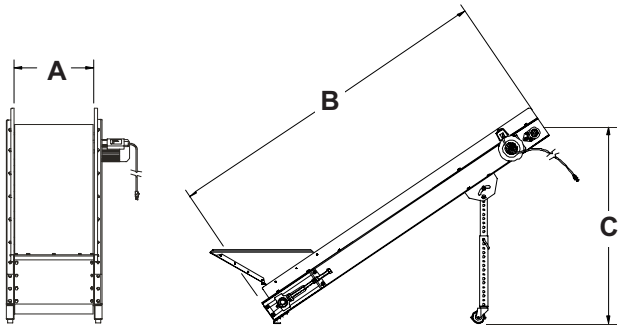
CUSTOM CONVEYOR ORDER FORM

HORIZONTAL CONVEYORS
NON-CLEATED BELTS
CONVEYOR STYLE:
PC ❑ BCP ❑ FT ❑



A) Belt Width: ❑ 6" ❑ 12" ❑ 18" ❑ 24" ❑ 36" ❑ 48"
B) Conveyor Length: _____
C) Height to top of belt: _____
D) Number of stands: _____
❑ 1) Casters: ❑ Yes ❑ No
E) Variable Speed Control: ❑ Yes ❑ No
F) Control Options:
❑ 1) On/Off controlled by electric eye.
❑ 2) On/Off Indexing on demand, electrical signal required.
See Lenze Control System
❑ 3) On/Off Indexing, Repeat Cycling. See BMT Feature
❑ 4) Reverse on demand.
See Lenze Control System
❑ 5) E-Stop.
G) Motor mounted under conveyor: ❑ Yes ❑ No *(non-standard)*
See MU Feature
H) Side Rails:
❑ 1) 3" Anodized Aluminum
❑ 2) 3" Stainless Steel
❑ 3) 3-1/2" Mild Steel *(not available on FT Style)*
❑ 4) 3-1/2" Stainless Steel *(not available on FT Style)*
❑ 5) 4" Anodized Aluminum
❑ 6) 4" Mild Steel
❑ 7) 4" Stainless Steel
❑ 8) 5" Mild Steel
❑ 9) 5" Stainless Steel
I) Belt & Cleat options: White is standard
1) Cleat height: ❑ 3/4" ❑ 1" ❑ 1-1/2" ❑ 2"
2) Cleat spacing: _____
3) Color: _____
4) Specialty Belt: _____
J) Other special features, specify:
_____
_____
_____
K) Export crating: ❑ Yes ❑ No

INCLINE CONVEYORS
CLEATED BELTS
CONVEYOR STYLE:
SI ❑ BIC ❑ PCI ❑ VICB ❑ SCI ❑



A) Belt Width: ❑ 6" ❑ 8" ❑ 12" ❑ 18" ❑ 24"
B) Conveyor Length: _____
C) Drop height @ 45°: _____
D) Variable Speed Control: ❑ Yes ❑ No
E) Control Options:
❑ 1) On/Off controlled by electric eye.
❑ 2) On/Off Indexing on demand, electrical signal required.
See Lenze Control System
❑ 3) On/Off Indexing, Repeat Cycling. See BMT Feature
❑ 4) E-Stop.
F) Motor mounted under conveyor: ❑ Yes ❑ No *(non-standard)*
See MU Feature
G) Side Rails:
❑ 1) 3" Anodized Aluminum
❑ 2) 3" Stainless Steel
❑ 3) 4" Anodized Aluminum
❑ 4) 4" Mild Steel
❑ 5) 4" Stainless Steel
❑ 6) 5" Mild Steel
❑ 7) 5" Stainless Steel
H) Belt & Cleat options: White is standard
1) Cleat height: ❑ 3/4" ❑ 1" ❑ 1-1/2" ❑ 2"
2) Cleat spacing: _____
3) Color: _____
4) Specialty Belt: _____
I) Other special features, specify:
_____
_____
_____
J) Export crating: ❑ Yes ❑ No

COMPANY NAME: _____

ADDRESS: _____

YOUR NAME: _____ / SIGNATURE: _____

TELEPHONE: (_____) - _____ - _____ FAX: (_____) - _____ - _____

E-MAIL: _____ PPE SALES PERSON: _____

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