

Request For Quote Form

Mail or Fax to:

Warner Linear
 Application Engineering
 449 Gardner Street, South Beloit, IL 61080

FAX: 815-389-6678
 Phone: 800-825-9050

Date _____ Company _____

Address _____ City _____

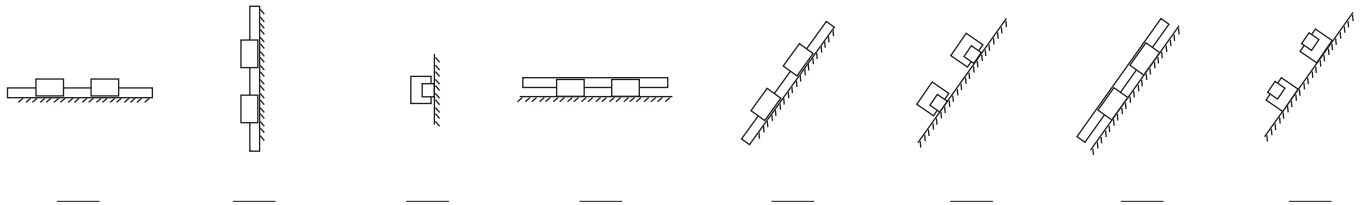
State _____ Zip _____ Name _____

Title _____ Phone (____) _____

Machine Type _____ Drawing No. _____

Axis X Y Z Other (_____)

Install Position



Model No. _____

Rail Mounting R (from top) T (from bottom) U (from top with bolt hole enlarged)

Dust Protection Double end seal + Bottom seal (DD) Double end seal + Scraper + Bottom seal (KK)
 End seal + Scraper + Bottom seal (ZZ) End seal + Bottom seal (U)

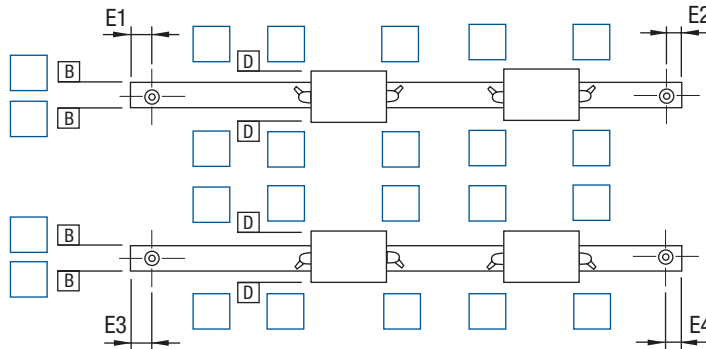
Special Option Steel end cap (SE) Self-Lubrication (E1)

Lubrication Grease nipple (grease) Piping joint (oil) Other

Butt-joint No Yes

Number of Rails per axis I (1) II (2) III (3) Other

Reference Surface and Injection Direction



Please mark "X" in the to indicate the filling directions.

E1= E2= E3= E4=