




SPECIAL ORDERS (CURVE 90)

Company name: _____
Contact name: _____
Phone: _____
Date: _____
E-mail: _____

 Please, feel free to fill out this form and our sales representatives will be happy to make a quote based on your specific needs. Thank you.

FDA Compliant: YES NO

In feed length (ft): _____

Out feed length (ft): _____

Width (in): _____

Height floor to belt (ft): _____

Type of curve: 20"
(radius): 24"

L/R hand curve: left right

Motor: STD Wash Down

Variable Speed: YES NO

Adjustment +/- (in): _____

Speed Required (ft/min): _____

Casters: YES NO z

Guide Rails: 1/2 UHMW

Other:

Belt type: Table top plastic

S/S Table top

Mat top modular

Other: _____

Electrical Req: 110 / 120 V 1PH

230 / 240 V 1PH

230 / 240 V 3PH

460 V 3PH

575 V 3PH

Product type: _____

Product weight: _____

Other requirements: _____

Please
Save this form and send it to us