



FESTOONING

I-BEAM

INQUIRY FORM

Representative _____
 Territory No. _____
 Date _____
 Lead Time _____
 Valid For _____
 Prepared By _____

Customer _____
 Address _____

 Phone _____ Fax _____
 Contact _____

QTY: _____ TYPE (Check One): I-110 I-120 I-150 I-110MD

CABLE REQUIREMENTS:

QTY	AWG	NO. COND.	O.D.	FLAT	PVC	NEO	ROUND	MINIMUM BEND RADIUS	WGT./ FT.	OTHER
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

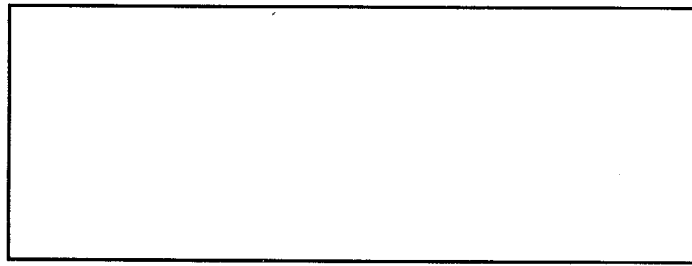
HOSE REQUIREMENTS:

QTY	O.D.	FLUID TYPE	MAX PSI	MINIMUM BEND RADIUS	WGT./ FT.	OTHER
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SYSTEM REQUIREMENTS:

Application: _____
 Pre-Assembly? (Not included in system price.)
 Active Travel: _____
 Loop Depth (max.): _____
 Storage Distance (min.): _____
 Duty Cycle / hour / day / week: _____
 Maximum Operating Speed (fpm): _____
 Maximum Acceleration (ft/sec²): _____

CABLE/ HOSE PACKAGE WINDOW
 Please sketch the proposed cable arrangement below.



Ambient Conditions: Temp Range _____ °F
 Dust Combustible
 Salt Water Corrosive Chemicals

Indoor Outdoor
 Abrasive Compactible

TERMINATION: Cable/ Hose length required:

Fixed End (ft) _____ Moving End (ft) _____
 Junction Box: Size _____ NEMA Rating _____
 Fixed Moving
 Control Unit Trolley

MODEL NO: _____
Total System Only Price: _____
Total Cable/ Hose Price: _____
Pre-Assembly Price: _____

Terms Net 30 upon credit approval, F.O.B. Mayville.



FESTOONING

C-RAIL

INQUIRY FORM

Representative _____

Customer _____

Territory No. _____

Address _____

Date _____

Lead Time _____

Valid For _____

Phone _____ Fax _____

Prepared By _____

Contact _____

QTY: _____ TYPE (Check One): C40 C50 C60 C30 C35 T50

CABLE REQUIREMENTS:

QTY	AWG	NO. COND.	O.D.	FLAT	PVC	NEO	ROUND	MINIMUM BEND RADIUS	WGT./ FT.	OTHER
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

HOSE REQUIREMENTS:

QTY	O.D.	FLUID TYPE	MAX PSI	MINIMUM BEND RADIUS	WGT./ FT.	OTHER
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SYSTEM REQUIREMENTS:

Application: _____

Pre-Assembly? (Not included in system price.)

Active Travel: _____

Loop Depth (max.): _____

Storage Distance (min.): _____

Duty Cycle / hour / day / week: _____

Maximum Operating Speed (fpm): _____

Maximum Acceleration (ft/sec²): _____

Ambient Conditions: Temp Range _____ °F

Dust

Combustible

Indoor

Outdoor

Salt Water

Corrosive Chemicals

Abrasive

Compactible

TERMINATION: Cable/ Hose length required:

Fixed End (ft) _____ Moving End (ft) _____

Junction Box: Size _____ NEMA Rating _____

Fixed

Moving

Control Unit Trolley

MODEL NO: _____

Total System Only Price: _____

Total Cable/ Hose Price: _____

Pre-Assembly Price: _____

Terms Net 30 upon credit approval, F.O.B. Mayville.

CABLE/ HOSE PACKAGE WINDOW
Please sketch the proposed cable arrangement below.