

# Product Recommendation Information Sheet

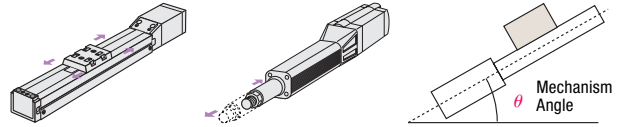
## Motorized Actuators

**Required Product** ● Leave blank and send if you have no request. We will call you back.

- Motorized Linear Slide    Motorized Cylinder    Compact Linear Actuator    Rack and Pinion System

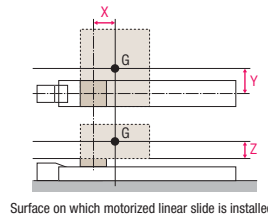
**Drive Mechanism Specifications** ● Leave blank and send if there is anything unclear. We will call you back.

- Mass of Loads (Including jigs).....  $m =$  \_\_\_\_\_ kg
- Mechanism Inclination Angle .....  $\theta =$  \_\_\_\_\_ deg.
- External Force on Table.....  $F_A =$  \_\_\_\_\_ N



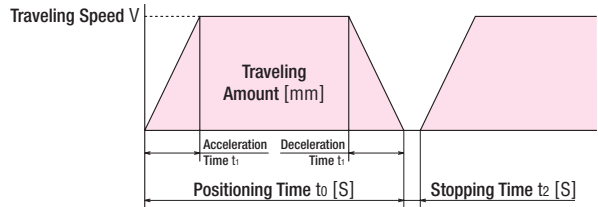
Please indicate below when a motorized linear slide is desired.

- Overhang Distance at Center of Gravity ...  $X =$  \_\_\_\_\_ mm
- $Y =$  \_\_\_\_\_ mm
- $Z =$  \_\_\_\_\_ mm
- Overall Length of Required Stroke ...  $L =$  \_\_\_\_\_ mm



**Operating Conditions** ● Leave blank and send if there is anything unclear. We will call you back.

- Traveling Distance per Motion..... \_\_\_\_\_ mm
- Positioning time.....  $t_0 =$  \_\_\_\_\_ s
- Desired acceleration and deceleration time (if any) ...  $t_1 =$  \_\_\_\_\_ s
- Stopping Time.....  $t_2 =$  \_\_\_\_\_ s
- Desired traveling speed (if any) .....  $V =$  \_\_\_\_\_ mm/s
- Desired stopping accuracy (if any) ....  $\pm$  \_\_\_\_\_ mm
- Power Supply Voltage ..... Phase  $V_s$  Hz



### Customer Information

Date: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Company Name: _____	E-mail: _____
Department and Title: _____	Answer by: E-mail • FAX _____
Name: _____	Application: _____
Address: _____	Number of Units to be Used: _____ Unit(s)
TEL: _____ Extension: _____	Expected Purchasing Date: _____
FAX: _____	Supply Source (Sales Branch): _____

Safety Standards

Management of Chemical Substances in Products

ISO 9001, ISO 14001

Global Power Supply Voltages

Corporate Overviews

Global Sales Network

Quote and Order

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