

Linear Motor Inquiry Form

Date:

Company name		Contact person:	
Tel: _____ Fax: _____		Title: _____	
Load(kg)/Moment of inertia(kg-m ²)		Notes:	
Acceleration (m/s ²)/(rad/s ²)			
Max. speed (mm/s) (rad/s)			
Stroke (mm)			
Accuracy (mm)/(deg)			
Repeatability (mm)/(deg)			
Timing chart (bottom, right corner)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vertical movement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Multiple forcer	<input type="checkbox"/> Yes <input type="checkbox"/> No Number : _____		
Driver voltage			
Pulse format	<input type="checkbox"/> CW/CCW <input type="checkbox"/> STEP/DIR		
Voltage command	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Need PC-based motion controller	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Application	<input type="checkbox"/> Point to point <input type="checkbox"/> Scan		
Operational Environment			
Special measurement requirement			
Budget			
Quantity			

The information below is to be filled out by or authorized agents.
 Recommended specification:

Manager: _____ Engineer: _____ Salesperson: _____