

3. HIWIN Linear Guideway Inquiry Form

Customer:		Date:
Tel. Fax.		Confirm by
Machine Type		Drawing No.
Axis <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z <input type="checkbox"/> Other ()		
Install Position		
Model No.		
Rail Mounting	<input type="checkbox"/> R (from top) <input type="checkbox"/> T (from bottom) <input type="checkbox"/> U (from top with bolt hole enlarged)	
Dust Protection	<input type="checkbox"/> Double end seal + Bottom seal (DD) <input type="checkbox"/> Double end seal + Scraper + Bottom seal (KK) <input type="checkbox"/> End seal + Scraper + Bottom seal (ZZ) <input type="checkbox"/> End seal + Bottom seal (U)	
Special Option	<input type="checkbox"/> Steel end cap (SE) <input type="checkbox"/> Self Lubrication (E2)	
Lubrication	<input type="checkbox"/> Grease nipple (Grease) <input type="checkbox"/> Piping joint (Oil) <input type="checkbox"/> Other	
Butt-joint	<input type="checkbox"/> No <input type="checkbox"/> Yes	
No. of Rail Per Axis	<input type="checkbox"/> I (1) <input type="checkbox"/> II (2) <input type="checkbox"/> III (3) <input type="checkbox"/> Other	
Reference Surface and Injection Direction	<p>Please mark "X" in the <input type="checkbox"/> to indicate the filling directions.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 </div>	