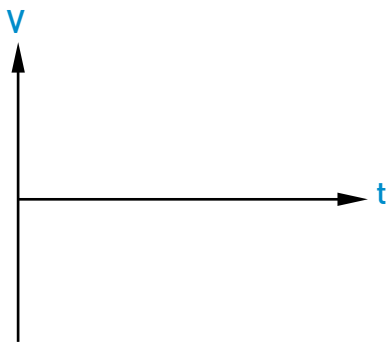
Linear Motor Inquiry Form

Date:

Company name: Email: Tel: Fax:		Contact person: 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)	☐Yes ☐No	
Vertical movement	☐Yes ☐No	
Multiple forcer	☐Yes ☐No Number : _____	
Driver voltage		
Pulse format	☐CW/CCW ☐STEP/DIR	
Voltage command	☐Yes ☐No	
Need PC-based motion controller	☐Yes ☐No	
Application	☐Point to point ☐Scan	
Operational Environment		
Special measurement requirement		
Budget		
Quantity		

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

Manager: Engineer: Salesperson: