

Eye-Flex® Inquiry Sheet

Please fill in your required measurements:

Belt width in mm **A**:

Cross rod pitch in mm **B**:

Wire link in mm **C**:

Gap width in mm **D**:

Underwelded wire in mm **E**:

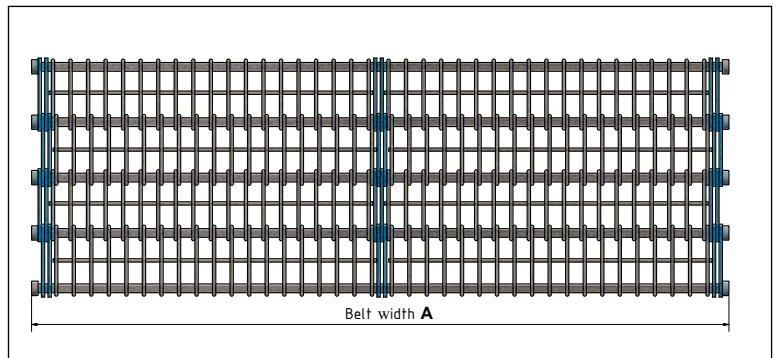
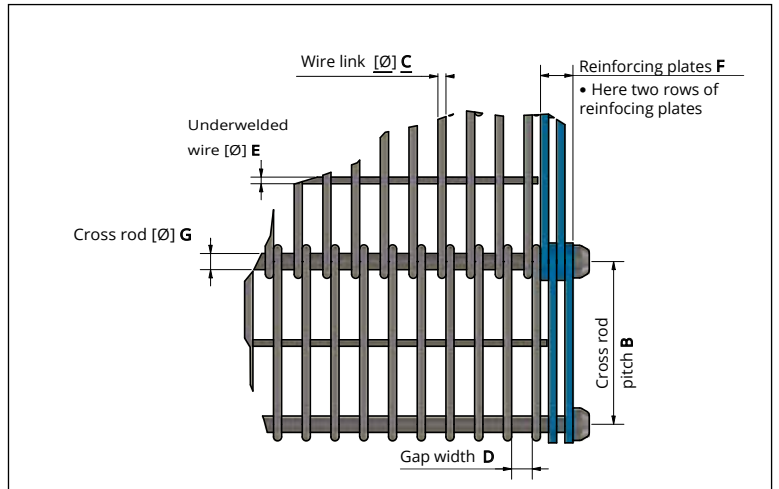
Reinforcing plates **F**:

Cross rod in mm **G**:

Material:

Length in m:

Application of the Belt:



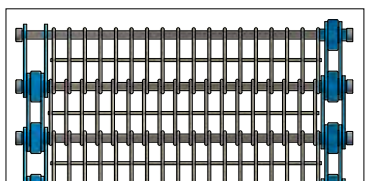
Normal Gap <input type="checkbox"/>	Single wire strand <input type="checkbox"/>	Double wire strand <input type="checkbox"/>	Triple wire strand <input type="checkbox"/>	Rings as spacers <input type="checkbox"/>	Spacer Tubes <input type="checkbox"/>	Compression Springs <input type="checkbox"/>

Special Belt arrangements: -----

Hollow Pin Chain: 25,40 mm

Centre-Centre-Width in mm: 50,80 mm

Special Design if requested:



Flights: -----

Quantity of Flights:

Distance in running direction:

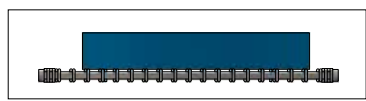
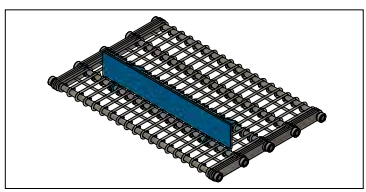
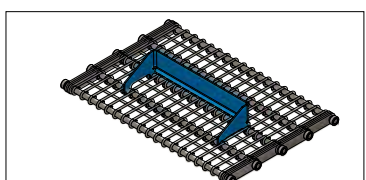
Position in the belt:

Other:

Width X Height X Thickness in mm: x x

straight

bent

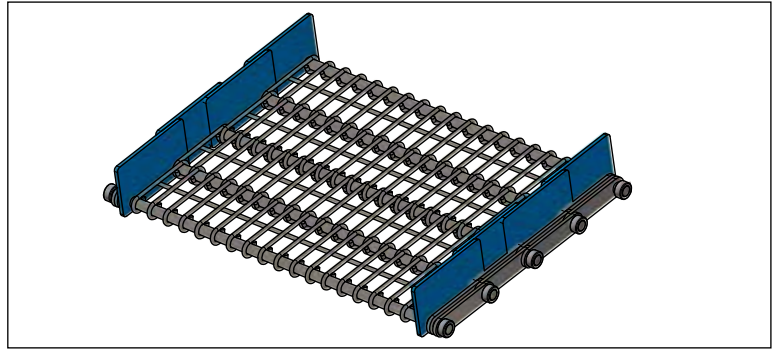
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Side Guards:

Quantity of side guards:

Distance in running direction:

Distance across the running direction:



Width X Height X Thickness in mm: x x

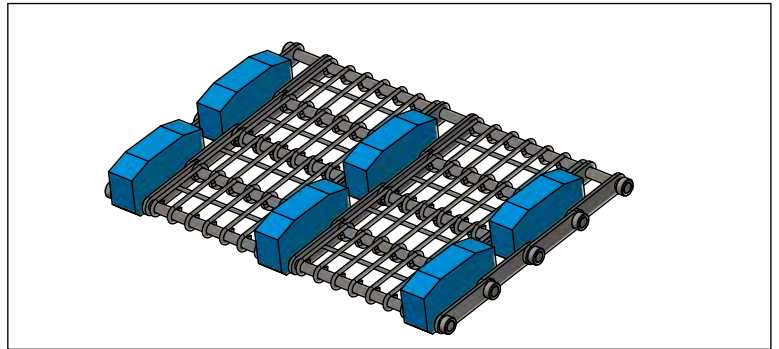
Blocks:

Quantity:

Material:

Distance in running direction:

Distance across the running direction:



Width X Height X Thickness in mm: x x

Contact details



Please contact me by phone – <https://wirebelt.de/datenschutz/>

Company*:

E-Mail*:

Name*:

Additorial comments:
Mandatory field*

Street*:

ZIP Code / City*:

Phone*: