REQUEST FOR QUOTE

NABELL®
Bellows and Protective Covers Specialists

Medical Bellows

Customer Information

Company _____
Address _____
City _____ State ___ Zip _____
Contact _____
Phone _____ Fax _____
Email _____

Project Information

Project/Reference _____ Qty Required _____
Application _____
_____
☐ Replacement Cover ☐ New Design ☐ Nabell Design
Acceleration _____ Speed _____ Cycles/day _____
Requested Material: _____ ☐ Nabell Recomended

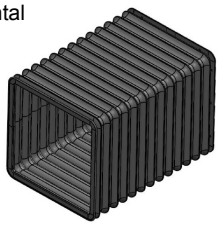
If unit of measure is not shown, please specify

Application Information

Bellows/Cover Construction: ☐ Nabell Recommendation ☐ RF/Heat-Sealed ☐ Folded ☐ Sewn ☐ Molded

Orientation: Please supply a sketch/drawing/CAD File/model (.dwg, .dxf, .stp, .sldprt) or photos

☐ Horizontal



☐ Vertical

☐ Crossrail

Environmental Conditions/Protection

☐ Chemicals/Coolant specify type, % concentration, **MSDS** _____
Exposure: ☐ Mist ☐ Heavy Spray ☐ Flooded ☐ Submerged
Chips/Particles specify type, size & temp at bellows _____ ☐°F ☐°C
Pressures internal _____ external _____ difference _____
Clean Room class _____ ☐ ISO ☐ FED Electrostatic (specify) _____
Water/Moisture specify type _____
Safety/Dust Cover specify _____
Weld Spatter/Sparks (Distance from bellows) _____
Ambient Temp Range _____ to _____ Intermittant Temp Range _____ to _____ ☐°F ☐°C

Misc Information
☐ Food Grade/FDA
☐ Laser _____
☐ Water Jet
☐ Plasma Cutter
☐ Outdoors
☐ Medical
☐ Other specify _____
_____

Standards/Requirements

☐ REACH: _____ ☐ RoHS: _____ ☐ COC: _____ ☐ FAIR: _____
☐ CONFLICT Minerals: _____ ☐ Special Req: _____

Mounting Options

End 1: ☐ Flange ☐ Holes required (specify/provide drawing) _____ ☐ No Holes required ☐ No Flange required
☐ Hook and Loop (velcro) ☐ Cuff Attachment Dimensions _____ ☐ Other _____

End 2: ☐ Flange ☐ Holes required (specify/provide drawing) _____ ☐ No Holes required ☐ No Flange required
☐ Hook and Loop (velcro) ☐ Cuff Attachment Dimensions _____ ☐ Other _____

Will bellows be supported during operation? ☐ C-Channel ☐ Z-Channel ☐ Cable/Rod ☐ Other _____ ☐ No support
(Nabell recommends providing a method of capture to control any deviation from the intended travel path)

Phone: 704-986-2455 Fax: 704-986-2456 Email: sales@nabell.com Website: www.nabell.com

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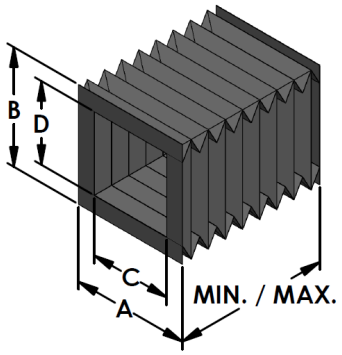
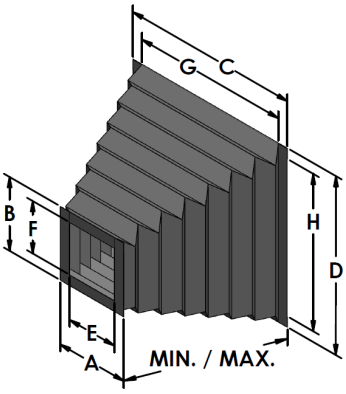
Please Select style

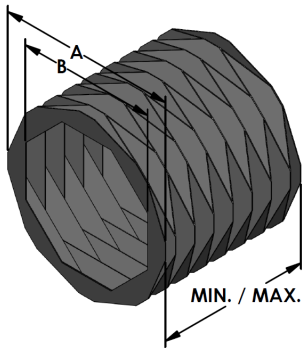
☐ Square/Rectangle



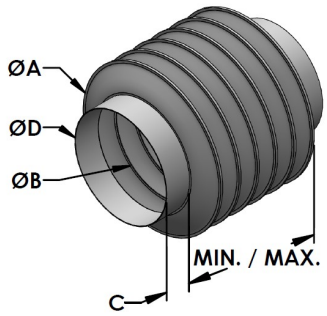
☐ Tapered



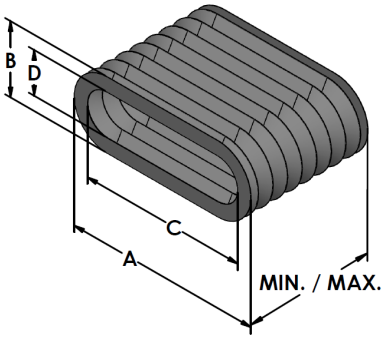
☐ Polygonal



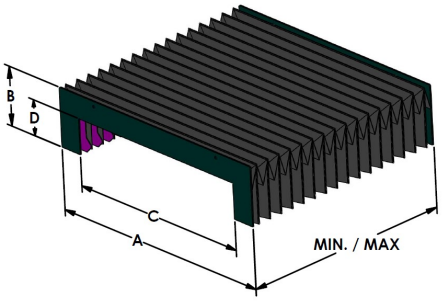
☐ Round



☐ Oval



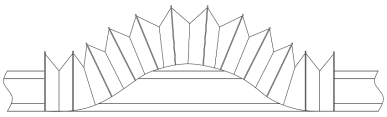
☐ 3 Sided/Way Cover



Dimensions: Please provide drawing or model (.dwg, .dxf, .stp, .sldprt)

A	_____	F	_____	**Please specify unit of measure**
B	_____	G	_____	☐ MM ☐ INCH
C	_____	H	_____	
D	_____	MIN	_____	(Compressed)
E	_____	MAX	_____	(Extended)

(Nabell recommends providing a method of capture to control any deviation from the intended travel path)



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