



Linear Motion 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 Recommended

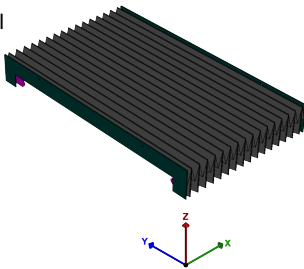
If unit of measure is not shown, please specify

Application Information

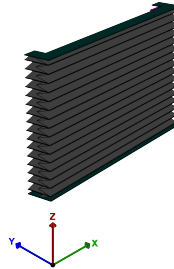
Bellows/Cover Construction: Nabell Recommendation Heat-Sealed Folded Sewn Sewn/Folded

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

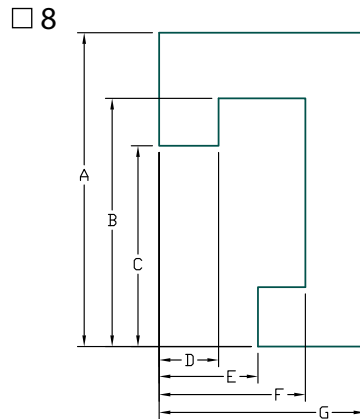
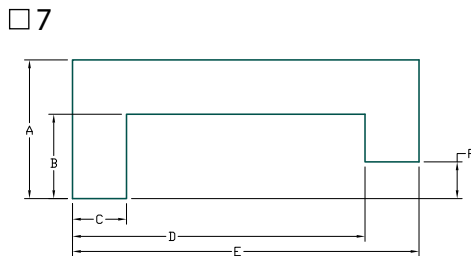
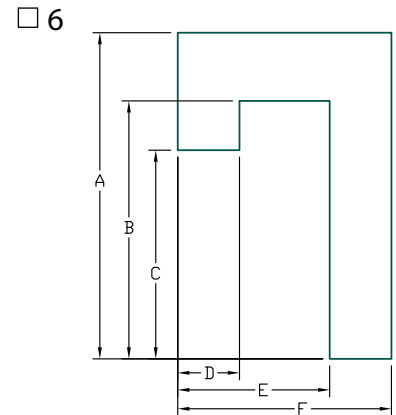
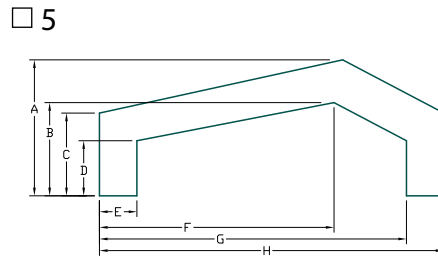
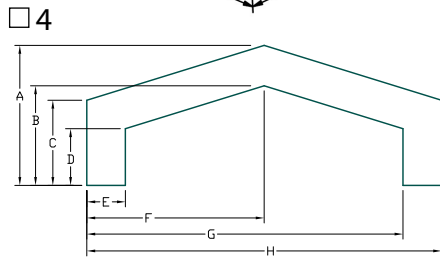
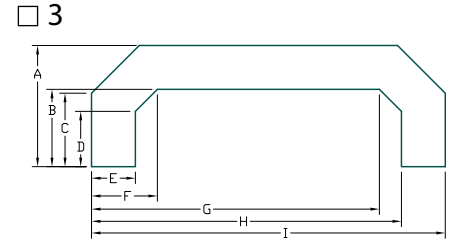
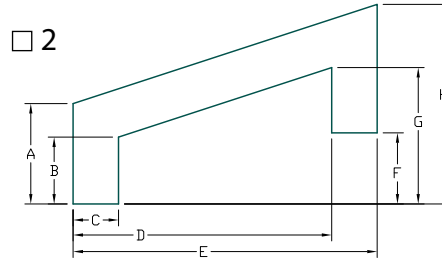
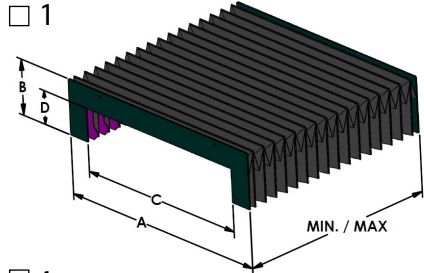
End 1: Flange Holes required (specify/provide drawing) _____ No Holes required No Flange required
 Hook and Loop (velcro) Cuff Attachment Dimensions _____ Other _____

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)

Linear Motion Bellows

Please Select style



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

Min _____ D _____
 Max _____ E _____
 Stroke _____ F _____
 A _____ G _____
 B _____ H _____
 C _____ I _____

Please specify unit of measure

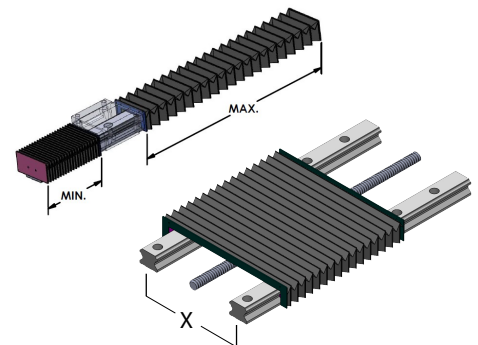
MM INCH

Rail Manufacturer: _____

Rail Model: _____

1 Rail 2 Rails Ball Screw

X (Dual/Parallel rails) _____



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

