

Enquiry form tool changer



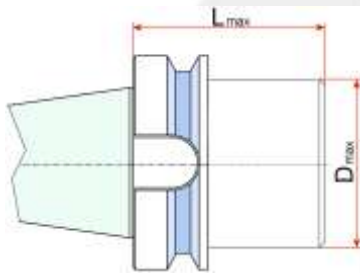
Company:	Telephone:
Contact person:	Fax:
Street:	E-Mail:
Postcode, town:	Date:

Areas of application

- | | | | |
|------------------------------|--------------------------|----------------------------|--------------------------|
| Horizontal machining centres | <input type="checkbox"/> | Vertical machining centres | <input type="checkbox"/> |
| Turning-milling centres | <input type="checkbox"/> | Grinding | <input type="checkbox"/> |
| Woodworking | <input type="checkbox"/> | Specific solution | <input type="checkbox"/> |

Technical requirements

- Mounting position horizontally vertically
- Position next to the spindle opposite the spindle
- Drive three-phase motor servo motor
- three-phase brake motor
- Time of change _____ [s] tilt moment tool _____ [Nm]
- Maximum tool weight _____ [kg]
- Tool holders _____ Maximum tool length [L_{max}] _____ [mm]
- Maximum external diameter [D_{max}] if neighbouring seats are occupied _____ [mm]
- if neighbouring seats are available _____ [mm]



Required quantity

Planned delivery date

General information
