

Questionnaire for lifting magnets

In order to offer you the optimal solution for the transport of workpieces, please fill out this questionnaire and send it to our address:

Customer: Company name: _____
Contact person: _____ Department: _____
Address: _____
Postcode / Town _____
Telephone: _____ eMail: _____

Information about the workpieces

Weight: min. ____ kg max. ____ kg

Flat material

Thickness: min. ____ mm max. ____ mm

Length: min. ____ mm max. ____ mm

Width: min. ____ mm max. ____ mm

Round material

Diameter: min. ____ mm max. ____ mm

Length: min. ____ mm max. ____ mm

Profiles - please indicate the workpiece shape.

Area of workpiece the lifting magnet can be put on:

Sketch: _____ Length: min. ____ mm max. ____ mm

Surface finish: _____

Material alloylegierung: _____

Should workpieces be removed from stack equipment? yes no

Application: inside outside

Which version is preferable?

Permanent lifting magnet Electro lifting magnet

Supply voltage:

Remote control: yes no

duty cycle: _____ ED

Emergency power generating unit: yes no

Further Information: _____

Date: _____ Signature: _____



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