

ENQUIRY FORM COMPOUND APPLICATION

Contact

Company

Street

ZIP City

Name

Telephone

Telefax

E-mail

Date

Previous solution

Bearing type, type
of grease, seal

Service life

Cause of failure

General parameters

Application

Bearing type

Problem

Customer's aim

Application conditions

Speed [rpm]

Service life [h/day]

Temperature [°C]

Load [N]

ENQUIRY FORM COMPOUND APPLICATION - PAGE 2

Ambient conditions

Yes	No	Condition	Comment
<input type="checkbox"/>	<input type="checkbox"/>	High humidity	
<input type="checkbox"/>	<input type="checkbox"/>	Ingress of water/detergent	
<input type="checkbox"/>	<input type="checkbox"/>	Dry air	
<input type="checkbox"/>	<input type="checkbox"/>	Dust	
<input type="checkbox"/>	<input type="checkbox"/>	Chemicals in the air (which?)	
<input type="checkbox"/>	<input type="checkbox"/>	Vacuum (in hPa)	
<input type="checkbox"/>	<input type="checkbox"/>	Protective gas	
<input type="checkbox"/>	<input type="checkbox"/>	Media lubrication	

Remarks