

# Reconditioning Inquire

\* mandatory field

## Sender

* Company	_____	* Contact person	_____
* Deliv. address	_____	* Phone nb.	_____
* Zip code	_____	City	_____
* Your ref. nd.	_____	* Fax nb.	_____
		* e-mail	_____

## \* Spindle specification (if data is missing - leave empty)

Spindle brand	_____	M/T brand	_____	OEM serial nb.	_____
Spindle model	_____	M/T brand	_____		
Max speed (rpm)	_____	Power (kW)	_____	Poles	_____
Tool taper	_____	Current (A)	_____	Voltage (V)	_____
Lubrication	<input type="radio"/> Grease	<input type="radio"/> Oil-air	<input type="radio"/> Oil mist	Drwg. / Assy. drwg available	<input type="radio"/> Yes <input type="radio"/> No

## \* Reason for service

<input type="radio"/> Locked-up	<input type="radio"/> Vibration	<input type="radio"/> Temperature	<input type="radio"/> Sensores	<input type="radio"/> Clamping
<input type="radio"/> Bearing error	<input type="radio"/> Run-out	<input type="radio"/> Spindle taper	<input type="radio"/> Noise	<input type="radio"/> Unsmooth rot.
<input type="radio"/> Precision	<input type="radio"/> Clearance	<input type="radio"/> Motor	<input type="radio"/> Surface finish	<input type="radio"/> Other/Preventive

## \* Spindle design (one alternative)

Complete unit   
  Plain shaft   
  Free rear end

## Application (one alternative)

<input type="radio"/> Surface grinder	<input type="radio"/> Machining center
<input type="radio"/> Centerless grinder	<input type="radio"/> Lathe
<input type="radio"/> Bore grinder	<input type="radio"/> Gear head _____
<input type="radio"/> Work spindle	<input type="radio"/> Other

## \* Drive (one alternative)

Belt/Direct   
  Integrated

## \* Mounting type (one alternative)

Cartridge spindle   
  Block spindle

## \* Orientation (one alternative)

Horizontal   
  Vertical

## \* Bearing designation - front (if known)

\_\_\_\_\_ Pcs. \_\_\_\_\_  
 \_\_\_\_\_ Pcs. \_\_\_\_\_

## Bearing designation - rear (if known)

\_\_\_\_\_ Pcs. \_\_\_\_\_  
 \_\_\_\_\_ Pcs. \_\_\_\_\_

Return of bearings requested?     Yes     No  
 Desired service time (working days)     Yes     No

Replacement spindle available     Yes     No

## Spindle repaired previous

When \_\_\_\_\_ By whom \_\_\_\_\_ Comment \_\_\_\_\_

## Additional Information

