

The more we know about your requirements,
the more precisely will be our solution.

Your contact

Name: _____ Phone: _____
 Company: _____ Mobile: _____
 Zip code, City: _____ E-Mail: _____
 Street, no.: _____






Do you already have some experience with VFFS timing belts from Esband?

No, please contact us
 Yes, we were in contact with your company on _____

Machine data and OEM information:

OEM/type: _____
 OEM part number timing belt: _____

Your requirements regarding VFFS timing belt:


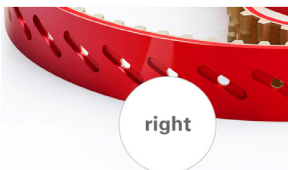
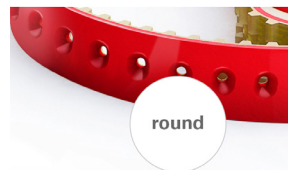
profile:	thickness in mm	pitch in mm	pitch in inches	
<input type="checkbox"/> T5	2.2	5.0		
<input type="checkbox"/> T10	4.5	10.0		
<input type="checkbox"/> Zoll/XL	2.54	5.080	1/5	
<input type="checkbox"/> Zoll/L	3.55	9.525	3/8	
<input type="checkbox"/> Zoll/H	4.18	12.700	1/2	

other profile: _____
 length: _____ width: _____
 total thickness: _____ mm
 coating: NR (natural rubber) PU SI 50

Your requirements regarding the application:

Type of packaging material: _____
 Product to be packaged: _____
 abrasion resistance: low medium high
 coefficient of friction: low medium
 high very high
 miscellaneous: FDA resistance to oil/lipids
 use of water
 Frequency of belt changes to date: _____

Processing

Please send the completed form to: info@esband.de.

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