
1. Contact information

Company:	Name:
Street:	Surname:
Zip-code:	Phone:
City:	E-mail:
Country:	Date:
Project Reference:	

2. Dimensions

Length (L) mm:	Min.	Max.
Width (W) mm:	Min.	Max.
Weight kg:	Min.	Max.
Shape:		
Pick frequency (picks/min):		
Movement:	Vertical ↔ <input type="checkbox"/>	Horizontal ↕ <input type="checkbox"/>

3. Customer product to handle

Material:	Cardboard <input type="checkbox"/>	Glass <input type="checkbox"/>	Metal <input type="checkbox"/>		
	Plastic <input type="checkbox"/>	Other <input type="checkbox"/>			
Surface:	Smooth <input type="checkbox"/>	Corrugated <input type="checkbox"/>	Rough <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>
	Oily <input type="checkbox"/>	Dusty <input type="checkbox"/>	Other <input type="checkbox"/>		
Porosity:	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>	Non-porous (sealed) <input type="checkbox"/>	
Temperature C°:					

4. Customer product

Inclination:	0° <input type="checkbox"/>	45° <input type="checkbox"/>	90° <input type="checkbox"/>	>90° <input type="checkbox"/>
No. customer pieces to grip:	Single <input type="checkbox"/>	Multiple <input type="checkbox"/>	Layer <input type="checkbox"/>	

5. Enclosures

Drawings <input type="checkbox"/>	Photos <input type="checkbox"/>	Samples <input type="checkbox"/>	Other <input type="checkbox"/>
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