



Quick Return Data Sheet for Straight Line Rip Saw

Please FAX back to: 845-452-0764

Brand Name and Model of Saw: _____

Length of Saw ("X" in Drawing Below): _____

Width of Saw Table ("Y" in Drawing Below) _____

Saw Line to Return Side Edge ("Z" in Drawing Below): _____

Passline Height (in inches) of Saw Table: _____

Part Dimensions (Conveyed WITHOUT Operator Assistance):

Minimum Length of part: _____

Maximum Length of part: _____

Minimum Width of part: _____

Maximum Width of part: _____

Minimum Thickness of part: _____

Maximum Thickness of part: _____

Dimensions of largest part to be processed on all four (4) sides _____ (L), _____ (W), _____ (T)

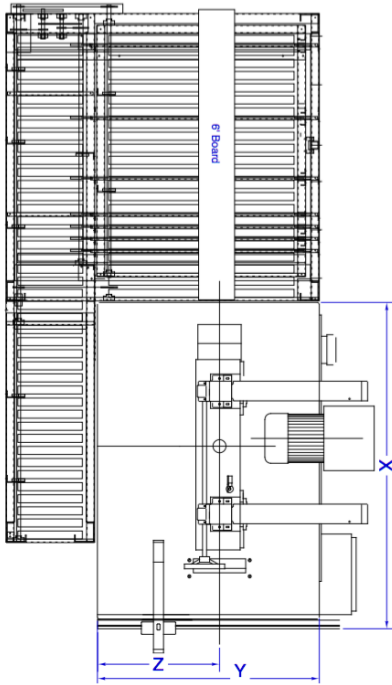
Power Requirements:

Voltage Require: _____

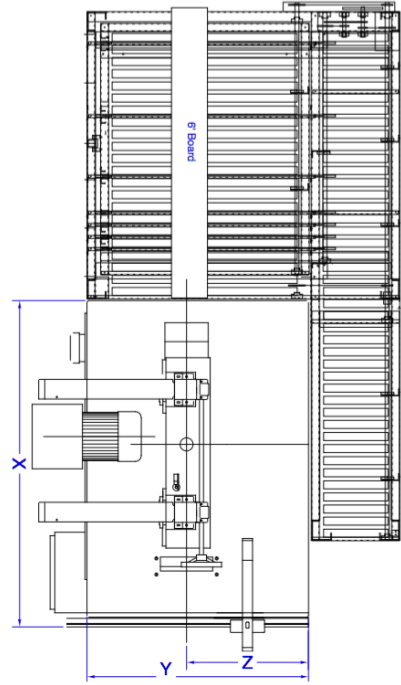
Max. Processing Machine Speed: _____

Direction of Machine:

Please Circle One Below



Right



Left

Company Name: _____

Company Contact: _____

Customer Phone: _____

Dealer Contact Name: _____

Phone: _____

Company: _____

Email: _____

Additional Notes: