

Dear customer,
Please fill out this questionnaire completely and send it back to us. Many Thanks.

Fax : +49 (0) 6196 / 888 - 598 e-mail: support@yaskawa.de

Company: _____ Contact person: _____

Your Reference number: _____ YASKAWA number: _____
(if you do not have a YASKAWA customer number we request that you also fill out page 2)

Type of Axis	Mounting
Complete axis	Vertical
XY-stage version	Horizontal
Axis with additional carriage	Over head
Quantity	Wall installation
Customised application	
Customised solution	

Support during rump up requested? yes no

Dynamic Performance

Pay load _____ kg
 Ambient temperature _____ degrees
 Required strokes _____ millimeter
 Cycle profile
 Max. velocity _____ m/s
 Break times between movements _____ s
 Additional process force yes no
 Max. process force _____ Newton
 Process force time _____ s
 V max. forward _____ m/s
 V max. back _____ m/s
 Max. acceleration _____ m/s²
 Velocity ripple _____ %
 Positioning repeatability : ± _____ µm

Sketch

Cycle / min.

Notes (special installation, mechanical requirements, environmental conditions, etc.)

Signature

Place/Date

NEW CUSTOMER REGISTRATION FORM

Dear customer,

We kindly ask you to fill in this questionnaire to register as a new customer and return it to us by fax or e-mail. Thank you for your co-operation.

Fax : +49 (0) 6196 / 888 - 598 e-mail: support@yaskawa.de

Company name
+ Legal form:

Delivery address:

Invoice address:
*(If not entered,
delivery address
is considered
invoice address)*

Proprietor / Director of Company:

Contact person:

Phone number:

Fax number:

E-mail address:

Website:

Branch / Kind of business:

For European customers only

VAT-no. :

Intra-community-supply of goods accordant to § 6a UstG will be carried out only in compliance with the official requirements

Signature

Place/Date