Montanari NORTH AMERICA Inc.

ENQUIRY FORM

GEARLESS

We kindly invite to fill and verify all the information contained in this form in order to avoid delays for missing or wrong data.
Shall you have any doubt, the Montanari sales Dept. will be at your disposal for help. You can print and fill manually or type directly by clicking on each field.

COMPANY NAME

NAME - LAST NAME

ROLE:

Country | State | City | Zip Code

E-mail | Phone: | Address

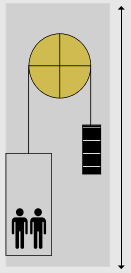
Website:

DESIRED DELIVERY DATE

INSTALLATION REFERENCE

SYSTEM INFORMATION

MR ☐ MRL ☐



TRAVEL ft

STOPS n°

CABIN SPEED ftm

LOAD lbs

CABIN + OPERATOR+ FRAME = lbs

COMPENSATION CHAIN 100% ☐

OTHER:

COUNTERWEIGHT lbs

ENCODER

ENDAT ☐

OTHER INFO

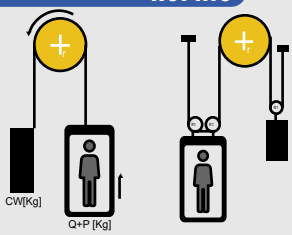
MOTOR

MOTOR VOLTAGE

360 V ☐

210 V ☐

ROPING



1:1 ☐ 2:1 ☐ OTHER:

DEFLECTOR SHEAVE

n°

DIAMETER in

TRACTION SHEAVE

DIAMETER in

ROPES: N° DIAMETER in

Breaking Force Nm:

SAFETY

Provide this information only for systems with relevelling

☐ UCM: Unintended Car Movement

DETECTION DISTANCE in

DEAD TIME ftm

ACCESSORIES

BEDPLATE

NO ☐ LOW ☐ HIGH WITH DEFLECTOR SHEAVE ☐

ROPES DISTANCE in

SHEAVE GUARDINGS

DO YOU HAVE/NEED FURTHER INFORMATION? WRITE IT HERE: ☺