



Electric Motor Sales Application Inquiry Form

Company:		Phone:	
Name:		Fax:	
Email:		Application:	

Motor			
Horsepower:		Phase:	
Volts:		C-Face:	
Frame:		Enclosure:	
RPM:		Hertz:	
Support:	<input type="radio"/> With Feet <input type="radio"/> Without Feet		

Gear Reducer/Gearmotor			
Output Speed:		<input type="checkbox"/> Right Angle	
Horsepower Input:		<input type="checkbox"/> Parallel Shaft	
Output Torque:		<input type="checkbox"/> C-Face	
Special Features Required:		<input type="checkbox"/> Free Standing	

Variable Speed Drive			
<input type="radio"/> AC		<input type="checkbox"/> Local Control	
<input type="radio"/> DC		<input type="checkbox"/> Remote Control	
Open Loop:		Vector:	
NEMA Enclosure:		Speed Range:	
Non-Regenerative:		Horsepower:	
Regenerative:		Volts:	