



Motor Data Form

Customer Information

Company Name:	Job Name:
Contact Name:	Phone:
Signature:	Date Signed:

Job Information

Line Voltage: ___ VAC ___ Phases ___ Hz	Counter Weight Percentage: ___ %
Speed: _____ fpm	Capacity: _____ lbs.

Machine Information

<input type="checkbox"/> Geared <input type="checkbox"/> Gearless	<input type="checkbox"/> AC Motor <input type="checkbox"/> DC Motor
Location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement	Machine Brand:
Mounting: <input type="checkbox"/> Foot <input type="checkbox"/> Flange	Model: _____ Style: _____

Existing Motor Information

HP:	Volts:	RPM:	Full Load Amps:
<input type="checkbox"/> Foot <input type="checkbox"/> Flange	Manufacturer:		Frame Size:

Please provide all information to prevent any delay of your order.