

Product inquiry sheet

Date _____

We can select a suitable model for your application based on your requirements.
Please fill in the following form in details as much as possible and send it to us.
Please send us current waveform data together if available.

Company name	
Company address	Postal code
TEL	
FAX	
Department	
Your name	
E-mail	

《Requirements》

1. Motor type	<input type="checkbox"/> DC brushed motor	<input type="checkbox"/> DC brushless motor	<input type="checkbox"/> Unknown
2. Dimensions	L × ∅		
3. Voltage	DC V		
4. Torque load	mN-m kg-cm		
5. Speed at the load	r / min		
6. Operation Duty	Speed direction <input type="checkbox"/> CW <input type="checkbox"/> CCW <input type="checkbox"/> Both CW () OFF () CCW () 		
7. Life time	Cycle or Hour		
8. Mounting direction (output shaft side)	<input type="checkbox"/> Vertical 	<input type="checkbox"/> Up 	<input type="checkbox"/> Down
9. Will the motor be locked	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. PWM operation	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes	Application _____
	Volume _____ unit / month
	Annual volume _____ pcs / year
	Production launch _____

Please copy this page and send us.

You can send the sheet from our website
→ <https://www.tsukasa-d.co.jp/en/>