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Inquiry Sheet for Self-Tensioning ST/CF-S2 Type Creel

Customer Information

Company: _____ Name: _____
Address: _____
Telephone: _____ Fax: _____
E-mail: _____

Application Information

Application: weaving pre-preg Other _____
Type of fiber: Carbon fiber (pitch / PAN) Glass fiber Kevlar Other _____
Fiber denier range: _____ Max Package weight: _____
Package tube size: L1= _____ x Inner Diameter = _____
Package size: Package traverse L2= _____ x Package Max Diameter = _____
Number of spindles: _____ Yarn speed range: _____
Desired tension range: _____ (g) - _____ (g)

Creel Information

Creel: Complete creel necessary Spindle only necessary
Total Spindles necessary: _____ Spindles per creel: _____
Creel configuration: In line Side by side Other _____
Size of Packages to be creeled: All same size
Size will vary (ex. full & half used to be creeled simultaneously)
Type of yarn guides to be used: Ceramic eyelet Rollers Comb Other _____
Fiber inlet height at beginning of process (exit of creel): _____
Mobility: Fully mobile on casters On Rails Other _____
Space restrictions (height, width, length, etc. if any): _____

Please fill any information available. Feel free to contact us (tel: 864-288-8001) if there are any questions.